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AUTHOR Charner, Ivan; And Others
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ABSTRACT

This report presents five case studies which provide a comprehensive description of the programs and services available to union retirees in different communities. The five communities reflect a diversity of geographical locations, economic base, occupational structure, and unions represented. Pittsburgh, Pennsylvania; Miami, Florida; Minneapolis-St.Paul, Minnesota; St. Louis, Missouri; and Seattle, Washington are the communities profiled. These profiles offer a picture of the community context; union-related programs and services and community programs and services for retirees and older adults; providers of the programs and services; and gaps in programs and services. While there are obvious demographic, cultural, and economic differences among the five cases, certain clear lessons may be drawn from them, notably that: (1) while the various examples of union programs and services and community-based efforts suggest that much is happening at the community level for retirees and older adults, the identification of needs and concerns suggest that more can be done; (2) although the range of programs and services available to retirees is encouraging, concern stems from the realization that much of what is available in the communities focuses on the most needy or frail in the older population; and (3) opportunities need to be expanded so that the largest possible population of older adults in a community could take advantage of the widest array of programs and services. (ABL)

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VOLUME II

UNION RETIREES: ENRICHING THEIR LIVES ENHANCING THEIR CONTRIBUTION

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Ivan Charner
Shirley R. Fox
Lester N. Trachtman

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UNION RETIREES:

ENRICHING THEIR LIVES

ENHANCING THEIR CONTRIBUTION

VOLUME II

IVAN CHARNER

SHIRLEY R. FOX

LESTER N. TRACHTMAN

ACADEMY FOR EDUCATIONAL DEVELOPMENT
NATIONAL INSTITUTE FOR WORK AND LEARNING
1255 23RD STREET, N.W.
WASHINGTON, D.C. 20037

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PROGRAMS AND SERVICES FOR UNION RETIREES AND OLDER ADULTS: FIVE COMMUNITY STUDIES

The following case studies provide a comprehensive description of the programs and services available to union retirees in different communities. The five communities reflect a diversity of geographical locations, economic base, occupational structure, and unions represented.

These community studies of Pittsburgh, Pennsylvania; Miami, Florida; Minneapolis - St. Paul, Minnesota; St. Louis, Missouri; and Seattle, Washington offer a "snap-shot" picture of:

- the community context,
- programs and services for retirees and older adults,
- providers of the programs and services, and
- gaps in programs and services,

Two week-long site visits were made to each community to collect information from union representatives, retiree clubs, public and private organizations, and education institutions. Information was collected through a combination of individual and group interviews; observations of meetings, facilities, and programs; and extensive document review and analysis. The quotations used in the reports may be direct quotes or paraphrases of information provided by those interviewed.

Any generalizations from these five cases, about the programs and services for retirees, must necessarily be restrained. However, despite obvious differences in demographic, economic, and cultural contexts there are clear lessons that can be learned from the five cases. The various examples of union programs and services and community-based efforts suggest that much is happening at the community level for retirees and older adults. The identification of needs and concerns, on the other hand, suggest that more can be done. Our goal is to provide information for others to use for comparisons or for thinking about and moving in new directions for programs and services for retirees.

When combined with the findings reported in Volume I -- on the study of union retirees and the study of local unions and retiree clubs -- these community studies offer both encouragement and a sense of concern. We are encouraged by the range of programs and services available to retirees. From union and retiree club activities to the vast network of senior centers, educational, and volunteer opportunities the case studies suggest that there is a great deal going on in these communities for retirees and older adults. Our concern stems from the realization that much of what is available in the communities focuses on the most needy or frail in the older population.

Clearly much needs to be done for those older adults who are economically or physically at risk. At the same time, it is our hope that unions, employers, senior organizations, community groups, and state and local agencies will recognize that there is a much larger population of older adults who need services and who could benefit from programs. Opportunities need to be expanded so that the largest possible population of older adults in a community could take advantage of the widest array of programs and services. As people live longer and as the number of retirees and older adults continues to grow, it becomes increasingly important that attention be paid to improving their life situation and their productive aging.

PROGRAMS AND SERVICES FOR UNION RETIREES AND OLDER ADULTS: A COMMUNITY STUDY OF PITTSBURGH, PENNSYLVANIA

Shirley Fox

A

I. INTRODUCTION

> "As I gaze up the valley, I am struck by the absence of smoke. Not even a suggestion of a wisp hangs over the Homestead Works of the U.S. Steel, which sits to my left at the end of the bridge. But something else is lacking-a sense of life, the teeming, active, energetic life of the valley I once knew. I dislike exaggeration, but this is what I feel: Death is in the air...By the 1980's, the Mon Valley plants-indeed, most American steel plants-were no longer competitive." (From And the Wolf Came: The Decline of the American Steel Industry, by John P. Hoerr, 1988.)

The city of Pittsburgh, Pennsylvania is situated at the juncture of three rivers: the Monongahela and the Allegheny which meet to form the Ohio River. The steel industry located along these rivers, particularly in the Monongahela, or "Mon", valley prior to the 1960s had been the industrial base of the area economy. The decline of this industry has had a major impact on the well being of retirees and their families. The headquarters of the United Steelworkers of America (USWA) is located in Pittsburgh reflecting the past importance of this industry; but locals of many other international unions are also represented in the area. Because of the dominance of the steel industry at the time when present retirees were working, the following description of how programs and services for the elderly affect the well-being of union retirees from many international unions in the metropolitan area of Pittsburgh emphasizes references to steelworkers and their retiree organizations in some sections.

II. COMMUNITY PROFILE

A. Overview

In the fall of 1985, the County Commissioners of Allegheny County contracted for the development of a strategic plan on aging, which resulted in a report, Blueprints On Aging: Strategies For The 1990's That Bridge Resources To Allegheny County's Older People. The principle author of that report is now the Secretary of Aging for the State of Pennsylvania. The report states, "As the number of older people grows, the gap between resources and demand will widen by alarming proportion," and recommends eight 'blueprints' for the Area Agency on Aging (AAA), the major supporter of services to the elderly in the County. (See Section IV for detailed discussion of AAA activities.)

The major concern of those involved with the total elderly population in the area who were interviewed for this case study is the lack of affordable and accessible medical care. They are especially concerned about in-home services for the frail elderly, the acceptance of Medicare assignment payments by doctors, and truthful and up to date information on Medicare coverage for elderly patients being admitted to hospitals. Several of the service providers are focusing on these issues, PennPIC and the United Way in particular. The frail elderly, those over 75, are expected to increase in number by 28% between 1980 and 1990; 13% are below the poverty level now.

Those concerned more specifically with union retirees, particularly from the steel industry, are worried about the economic well being of the retirees as well as their health. Although many of the retirees are covered by negotiated pension and medical insurance plans, bankruptcy claims by some of their previous employers have threatened the continuation of this coverage causing severe stress, and in some cases temporary stoppage of medical coverage and lessening of pensions. Some retirees with pensions have contributed to local food kitchens, and many have taken into their homes their children who cannot find employment in the area. The Secretary of Aging for Pennsylvania, however, believes that the state, overall, has a lower poverty rate among the elderly than elsewhere in the country due to the high level of union involvement which has resulted in negotiated protection of pensions and medical insurance for many current retirees. She is worried, however, about the future workforce.

There does not seem to be much concern with retiree activities on the part of the local unions, with the exception of the carpenters, steelworkers, and automobile workers. The Central Labor Council does not have a retiree committee, but refers retirees to the United Way for services. The AFL-CIO Committee on Political Education (COPE) is active in the political arena, and does use retirees for campaigning.

B. Economic Characteristics

Pittsburgh, has been characterized as a "union town". Among the internationals with locals in the area are: United Brotherhood of Carpenters and Joiners of America (UBC), UAW, United Steelworkers of America (USWA), Service Employees International Union, (SEIU), International Brotherhood of Electrical Workers (IBEW), International Union of Operating Engineers (IUOE), American Federation of State, County and Municipal Employees (AFSCME), Painters, Sheetmetal Workers, Plumbers, Teamsters, and United Food and Commercial Workers (UFCW). In 1955 nearly one-half of the work force was employed in manufacturing, 20% in the steel industry. But between 1960 and 1980, although total employment grew by 180,000, employment in primary metals and fabricated metals fell by 25% and 18% respectively, and there was a net loss of 50,000 jobs in all manufacturing. Employment began to shift within the manufacturing sector from heavy durable goods to light manufacturing and technology-oriented industries, and from manufacturing to the service sector. The recession of the '80's reversed the net growth in total employment. Employment in steel alone dropped nearly 50% in four years; the area lost 100,000 jobs and the unemployment rate went as high as 61%.

The region's labor force has been characterized by high average wages and high per capita income, due in part to the historical concentration of employment in durable goods industries which tended to pay high wages to skilled, unionized workers. In 1977 the average worker in manufacturing earned $7.86 per hour, exceeding the national average by 33%. The average per capita income of $9,620 in 1983 represented a decline in real terms from 1979, when 9% of all individuals were below poverty level. In contrast to the 9%, in 1985 about 15% of all older persons in the County were poor or on the brink of poverty and their numbers are growing.

According to Pittsburgh March 1988, a publication of the Allegheny Conference, Pittsburgh faces a "tremendous challenge - larger in some ways than the challenges it faced after the war." At that time "Pittsburgh was the symbol of the worst quality of life in the world in terms of pollution; (ironically, primarily due to the blast furnaces of the steel industry) yet, the city transformed itself" with local leadership. The challenge now is focused in the Monongahela Valley where the steel mills which had previously been the main source of employment are now closed. In March, 1988 Great Britain's Prince Charles participated in a conference, entitled "Remaking Cities", during which plans were discussed for remaking that area, based on research done by a team of specialists in industrial economics, political science, sociology, development and funding, housing, and planning. Another area along the Monongahela River, previously occupied by the Jones & Laughlin (LTV) mills, is being converted to a high tech industrial complex with the involvement of Carnegie Mellon University, a leading university in the city.

The Economic Development Committee of the Allegheny Conference in 1984 recommended nearly 100 steps to strengthen the region's economy which include: business and job development, improving the economic environment, and improving the infrastructure of the area. Its report, "A Strategy for Growth", also identified the important strengths of the Pittsburgh area. They include: being a site of the headquarters for a growing number of small and foreign-owned companies; serving as a regional center for health care, education and other services; having engineering and labor skills for a growing (except for steel) manufacturing sector; and being a leading center for technology and research, based on its universities, medical centers, private laboratories, and technically oriented companies.

C. Population Characteristics

By 1990 almost one third of all eligible voters in Allegheny County will be sixty years of age or older, and there will be more older persons in the county than children or teenagers. In 1985, those 60 years or older totalled 300,000.

"Older persons" are generally considered by the AAA to fall into one of four categories: new old - 55-64 years of age, young old - 65-74 years, middle old - 75-84 years, and very old - 85 and older. All those over 75 years of age are considered to be "frail elderly." This category is growing faster than any other age cohort. Between 1980 and 1990 the population over the age of 75 is expected to increase by almost 30%, from about 75,500 to 96,500. Thirteen percent now have incomes below the poverty level. Currently an estimated one in twenty of the frail elderly reside in institutions. According to the Area Agency on Aging, community based and other support services are essential to help the others remain in their homes or neighborhoods and to prevent or delay institutionalization.

III. UNION AND RETIREE CLUB PROGRAMS AND SERVICES

Pittsburgh hosts a large number of local unions from various AFL-CIO internationals and a large Central Labor Council. The activities of the various international affiliates and their retiree clubs described below are intended to be illustrative and not all inclusive, and to represent the diversity which reflects the different economic status of the locals and demographic composition of the retirees. For example, retirees from steel industry locals who have had their benefits threatened by company bankruptcies are active in retiree clubs, as are retired carpenters and autoworkers. In general, however, union sponsored activities seem limited for retirees from other internationals. There is limited involvement by the Allegheny County Central Labor Council (CLC) which acts mainly as a referral agency for retirees and does not have an organized retiree program of its own. "A deterrence is that each international union is jealous of its own retirees and doesn't look to an umbrella agency", according to a CLC official. For example, retirees from a utility company which wants to increase its rates are urged to support the increase, contrary to the efforts of retirees of other unions fighting for lower rates.

CLC has a membership of about 60,000 dues paying persons from 196 locals of 45-50 international unions, and is the second largest CLC in the state. It meets once a month except during the summer, with an attendance of about 75-150. It is participating in a new TV program, "Labor's Corner", with the University of Pittsburgh and Allegheny Community College. The sponsors intend to ask retirees to appear on the program.

CLC refers retirees and other union members to the two United Way labor liaisons for help needed from community agencies, rather than have a committee of its own to address the issues. Labor liaisons in many cities are part of a national program sponsored jointly by the AFL-CIO and the United Way in which persons from the labor movement are paid by the United Way to inform organized labor about community services and assist the United Way in fund raising. The liaisons are responsible to the Central Labor bodies in the respective communities, but are appointed with the approval of the national AFl-CIO office. The labor liaisons provide access to service agencies for individuals, and also conduct workshops on the availability of such services for union counsellors from various locals. In Pittsburgh, the CLC has used it influence to attract some "experts" from Washington to come to the city to make presentations at the workshops, at no cost to the program, to discuss federal involvement in the funding of local programs and services and relevant legislation. To date the workshops have not included training in providing pre-retirement planning for active workers. (See further discussion in Chapter IV.)

"The internationals don't have the active services in the area for retirees," according to a CLC official. "They preach the gospel, don't practice it. Every international has a program that they sell - it's highly competitive because everybody realizes that a retiree is an arm we can use politically." However, he said that lots of retirees are beginning to help themselves. "They are getting more involved in the community. They're living longer, they've got to do it."

A. Retiree Clubs

1. Membership and dues

Membership in retiree clubs in the area ranges from about 50 to over 900 for a

UAW club that covers a five county region. One club, affiliated with a steelworkers' local for a plant which is now closed, "includes everybody" in the industrially depressed suburb, although 80 percent of the membership are steelworkers. The club has an attendance of about 400 at its monthly meetings. Attendance at other retiree club meetings ranges from about 25 to 225. Dues for club membership range from $1 to $4 per year per member, generally with a separate fee for spouses. The attendance of spouses varies. They are welcome at UAW meetings, but few come. At steelworker retiree club meetings, even the retired women members do not feel welcome and do not attend. Both men and women attend the monthly meetings of an IUOE retiree club.

2. Relationship to international and local unions

The support received by retiree clubs from their locals usually includes meeting space, assistance with mailings, columns in local newsletters, and some funding of refreshments for meetings, but, as mentioned above, the assistance varies. The amount of help provided by the international unions also varies. A few internationals have strong retiree departments; some have none; and others are in the process of forming them. Because Pittsburgh is the headquarters of the United Steelworkers of America which is developing a national organization (including Canada) to create and expand local retiree clubs, its Steelworkers Organization of Active Retirees (SOAR) is described in some detail below.

Some of the locals formerly affiliated with steel plants have been disbanded, but those which still have halls host meetings of retiree clubs. The union hall of one local now defunct is kept open all the time as a place for retirees to meet until the international is successful in selling it, since the plant has closed. In contract, an Allegheny County AFSCME retiree club, meets at a community hall in a suburban shopping center.

For most unions, there is little interaction between active and retired workers. Retirees and active workers of an IBEW local, which does not have a formal club, do participate together in that local's social functions. And many retirees from all unions get together with active workers once a year for the Labor Day parade sponsored by the Central Labor Council. The level of involvement of retirees in local union bargaining and election of officers is also different among unions. Because of the economic distress in this area, there seems to be growing concern among those currently employed about the security and amount of their future pensions and medical insurance. Carpenter retirees can vote on local contracts if a change in pensions is being considered, as well as on local union officers. On the other hand, there is little interaction and some conflict between retired and active members of AFSCME, particularly about the issue of pension COLAs. UAW retirees are welcome at local union meetings but can vote only on local union officers. UAW retirees from a GM plant in the area are concerned about keeping the plant open as a potential employer of their children. They keep in touch with the local, in addition to attending local union meetings, through the local's newspaper which contains a special column for retirees.

At the international level, the UBC two-three years ago encouraged the establishment of retiree clubs to mobilize its over a million retirees and "get information out." Many UBC members are retiring early, after 30 years of employment. The monthly magazine of the international, "Carpenter", includes a retiree section. Prior to the 1970s the international had a rank and file pension plan, which has since been eliminated, since better pension plans had been set up by many of the locals. Only a life insurance program is now administered by the international. A retirement home in Florida sponsored by the international has also been closed. Now all the international provides is "advice", according to a local union officer interviewed. The local retiree clubs share information at the statewide conventions, District Council picnics and meetings, and at the national convention. A prime focus is support of political candidates and legislation.

As mentioned above, the United Steelworkers of America has established a USA/Canada organization, SOAR, Steelworkers Organization for Active Retirees, which is organizing retiree clubs across the country and in Canada. The international has also provided lawyers from the international office who are "bankruptcy specialists" who have lent support to the retiree groups, particularly those affiliated with LTV which had plants in the Pittsburgh area, and with other steel companies which have declared bankruptcy (Wheeling Pittsburgh, Continental, Sharon, Phoenix, Roebling, Mesta, and many foundries). In July 1986, LTV abruptly ceased payment of all pensions and medical insurance coverage. The international office immediately worked with the federal Pension Benefit Guarantee Corporation (PBGC) to restore benefits. There is a great lack of knowledge about benefits among retirees, and no local union staff to counsel them. The LTV contract evidently contained fine print about the possibility of unfunded pensions and the retirees had unrealistic expectations. Many steelworkers at the time of the LTV bankruptcy were "dislocated" before they were eligible for pensions or for Social Security, and were especially hard hit financially.

At a meeting of the retiree club of LTV in Homestead, a suburb of Pittsburgh, held on July 9, 1987 a lawyer, one of the "bankruptcy specialists", explained the status of the negotiations with LTV regarding pensions and medical insurance coverage. When LTV declared bankruptcy, PBGC stepped in to guarantee the payment of a proportion of the pension earned, depending on the age of the person affected. Prior to July, '86 terminated (dislocated) workers who were not yet 62 years of age had received $400/month which they expected to be continued until they were eligible for Social Security. The $400 was also terminated at that time, although it had been the sole source of income in some cases. There was no advance notice, and the international tried to get the company to pay full benefits. (Wheeling Pittsburgh was able to consider its negotiated agreement terminated and thus also its obligation; Mesta Machine terminated its pensions in '82 and former workers don't get even the $400.) The LTV medical coverage was extended several months at a time after the bankruptcy through intervention by Congress, after bus loads of affected retirees went to D.C., and after active workers at an LTV plant still operating and profitable in Gary, Indiana went on strike with the retirees. The company still maintains the right to terminate all benefits if it folds completely, but seems to be profitable again. As a result of the LTV and other bankruptcies, Senator Heinz of PA, who addressed a group at the union hall in July, 1987, and Senators Metzenbaum and Stokes sponsored a bill, which retirees are supporting, to prevent cancellation of benefits when bankruptcy occurs.

SOAR was organized in 1985. The elected President, I.W. Abel, former USWA President, had been instrumental in the passage of ERISA. But an active interest in steelworker retirees dates back to a ruling of the Supreme Court in 1974 which stated that local unions do not have to bargain for retiree rights. There had been a small Retiree Department at the international level since 1949, which provided information to local unions, primarily about activities of the National Council of Senior Citizens, NCSC.

In 1976 the Philip Murray Club (named after a President of USWA) of retirees from LTV Local 1276 was organized. Retirees could attend local union meetings and speak up under "good and welfare" issues, but had no vote. Other retiree clubs in the area were then identified through articles in the USWA "Oldtimer" magazine and in its newsletter, "Steel Labor", (begun in 1936). These were organized into the Western Pennsylvania Retired Steelworkers Organization in which 30 retiree clubs were represented. The clubs represented had various activities. Some were mostly social, but the Philip Murray Club continued to focus on retiree issues at its monthly meetings. It began to charge dues of $2/month and to hold a 50/50 raffle at each meeting to raise money.

In 1977, the international had negotiated in its Master Contract an increase of $25 in the monthly pension for retirees. In 1978 the Western Pennsylvania group decided to join the international office and Canadian locals in working on retiree issues, and presented resolutions to the annual USWA convention. In 1980 the international passed a resolution to help retirees, and to allow retirees to attend local union meetings with a voice, but no vote. In 1980 the active workers also gave up a proposed increase of $.33/hour in wages to provide a pension increase for all retirees.

In 1982, the international passed a resolution to combine all retiree clubs under one international organization, but no further action was taken because of the illness of the international President. It was not until 1985 that the succeeding President supported the organization of SOAR, by-laws for retiree clubs were developed by the international, and a SOAR Board of Directors of 19 members was established of retired international representatives and rank-and-file workers from the plants. At one time over 700 steelworker retiree clubs were in existence nationwide. A mailing in 1987 to about 400,000 retirees resulted in adding 6,000 new members to the then 10,000 SOAR members.

The bankruptcy of the LTV Corporation in 1986 brought active workers together with the retirees through SOAR to protest the cutting off of medical insurance and a reduction in pensions for retirees. As more steel companies have declared bankruptcy, active workers are becoming more concerned about their future security.

Locals of other internationals have received less support. The President of a UFCW Retirees Club stated that he "hadn't heard from the international for a long time", although several years ago the international had told all UFCW locals to help retirees by providing meeting space, phones, and other material assistance.

In 1988 the Executive Board of Local 13000 of the Communications Workers of America was asked by a recent retiree for help in setting up a retirees' unit. A list of considerations was presented, including the opportunity for the local to address retiree concerns, provide a chance for retirees to interact with active members, maintain the dignity of the retirees previously provided by membership in the union, increase the political clout of the union by 20%, and use retirees to participate in picket lines and organizing activities. The retiree asked to write a column for the local's newsletter, "13000 News", and to include an application form for retirees to complete to become a member of a retiree club. The retiree wrote in a memo that he had been unable to get "recommendations on what form retirees' group should take to best serve the retired members and at the same time help the union movement that served them so well as active members."

B. Programs and Services

The primary link to their unions for most retirees is through participation in retiree club meetings and activities and at local union meetings, where allowed. The agenda of most retiree club meetings includes a business meeting, a speaker on issues related to the elderly, and a social period usually over lunch or other refreshments, with the chance to play bingo, cards or, perhaps, shoot pool.

1. Provision of information

The provision of information on retiree issues could be a more important component of retiree club meetings. When pension benefits and medical insurance are discussed it is especially important that spouses be present so that surviving spouses will know their entitlements. Retiree clubs should share names of resource persons and other information which could be used for other retiree club meetings in the area, perhaps through a clearinghouse at the Central Labor Council. For example, other retiree clubs in the Pittsburgh area might benefit from hearing an insurance commissioner (who had previously worked for a private insurance company), who spoke at an AFSCME retiree club visited. Surviving spouses of AFSCME State employees have no medical coverage provided, and some retirees themselves are not covered and have lost the right to be covered because they did not sign up immediately upon retirement. He warned the members not to be swayed by TV commercials by Hollywood stars to buy unneeded insurance, and described how to evaluate health and automobile insurance. The speaker thought AARP's Medigap insurance through Prudential was good, but its auto insurance was too high because of the 100% increase in premiums for five years as the penalty for accidents, more than charged by other companies. He also warned about "fine print" in nursing home insurance which is often limited to two years of coverage, whereas most illnesses last much longer. "You can't afford these policies which are too expensive. Go out and spend the money and have a good time. Go bankrupt later" he advised. He also suggested investigating to see if custodial care is covered by the insurance, and said that personal home care in someone else's home is not covered by current policies. Retirees of other unions could benefit from similar presentations. AFSCME has only recently had such speakers on substantive issues, previously focusing on only political issues.

Information presented at club meetings generally relates to health issues, Social Security, and proposed or adopted legislation related to senior citizens. According to the Benefits Representative of UAW interviewed, "Health is the number one concern" of UAW retirees and health issues are discussed at meetings, especially since some UAW retirees are affected by "red lung" caused by welding rods used when the retirees worked.

2. Pre-retirement planning

The UAW is the only international in the Pittsburgh area whose retiree club provides formal pre-retirement planning for its members. Pre-retirement seminars were started in 1980. The international sends resource people, and presentations are made by local lawyers, doctors, bankers, and Social Security experts. The course is jointly sponsored by management and the union, and is open to non-union workers also. Topics presented include: financial planning, health and well-being, family and leisure living, legal considerations, and community participation. Some local union staff went to Detroit to the UAW/GM Institute for a week's training in pre-retirement planning, which was also attended by representatives from 28 locals nationwide. Workers attend the seminars before retirement, and at retirement they and their spouses meet with a union representative and are given a booklet explaining benefits. When the retiree dies, another one-on-one counseling session is provided for the surviving spouse. If the survivor cannot come to the office, the union representative goes to the home and explains benefits to the person and to another person required to be present.

The Carpenters have no formal pre-retirement program, but when they retire they usually meet on a one-on-one basis with the union officer responsible for benefits. The National Foundation of Pension and Welfare Funds (Milwaukee) conducts local seminars for retiree club officers from the various construction trades, and at club meetings speakers are heard from various organizations on retirement issues; e.g. lawyers on wills, investment counsellors on financial planning.

3. Negotiated benefits for retirees

The Carpenter Retiree Club visited is proud of its local pension fund which was established in 1958. Since employment is seasonal and for various employers, the union pension is very important to the workers, many of whom are disabled when they retire. The pension fund is administered by a Board of Directors whose members are both union and employer representatives. Since 1972 the fund has increased from $30 million to $240 million. Pensions have been increased periodically, based on annual decisions of the managers of the fund. The premium for Medicare B and Blue Cross "65 Special" health insurance can be deducted from the pension if desired. There is concern that non-union carpenters who are competing for jobs will not have similar protection, but the local has just contracted for the "airport job", a large source of employment for union carpenters now.

The UAW representative said that few of its retirees are "in need". They turn to community services only in emergencies, such as to borrow medical equipment. A local union Community Service Committee is also available to provide help. Similarly, the President of the IUOE Club said there is no need for referral to community services, "they don't need it." As mentioned earlier, many steelworkers do not feel as secure about the continuation of their negotiated benefits.

C. Political Activities

Union retirees can participate in political activities through a number of union related organizations in the Pittsburgh area and in the state. These organizations include the National Council of Senior Citizens (NCSC), the Western Pennsylvania Retired Steelworkers Conference, and COPE.

One of the NCSC Chapters in the Pittsburgh area has as members union and non-union retirees and workers, and other senior citizens. Some other NCSC Chapters have only union members from the various internationals. The President of the NCSC Chapter interviewed feels that anything which hurts union members hurts others also, but she acknowledged that there is conflict among unions in NCSC on some issues. The Chapter belongs to the Allegheny County Council of NCSC, and there is an effort to form a statewide council. Benefits to the elderly who belong to NCSC include discounts on transportation, on supplementary medical coverage, and at some stores and restaurants belonging to national chains, but the prime focus is on political action. For example, NCSC members go to Washington, D.C. to lobby for Universal Health Care.

COPE is also active in the area. In Pennsylvania, it works closely with the Western Pennsylvania and Eastern Pennsylvania Retired Steelworkers Conferences. The Conferences are not restricted to steelworkers, but work together with the Mineworkers, AFSCME and other unions. COPE has held an Institute at Penn State University with statewide representation to plan for the coming elections. COPE supports AFL-CIO endorsed candidates for local, state and national offices through working with Central Labor Councils to put in phone banks, distribute literature at plant gates, and disseminate mailings through computerized lists of union members from 75-100 internationals.

The Western Conference, which includes Pittsburgh, was established in 1976. Meetings are held every three months at different sites and are generally attended by representatives from at least eight retiree clubs. The Conference "assists" the AFL-CIO and does not endorse candidates independently. It gets local recommendations, and works for city and county offices and judgeships. The Western Conference has 32 Coordinators. About half of the Coordinators are political Committeemen, and about one third are former USWA staff. Between elections they go out to union retiree clubs to share information; about half the time on their own initiative, and half at the invitation of the club. Retirees are active in political campaigns. As elections near, they hold rallies and recruit bus loads of persons to attend, escort candidates around the state, "hit the gates" with literature, and work on phone banks. In 1984 they conducted door-to-door voter registration. "When COPE calls, the Conference responds," said its Director who works out of his home and receives calls from retirees there.

IV. COMMUNITY PROGRAMS AND SERVICES

A variety of programs and services are available to union retirees in the Pittsburgh area, providing opportunities for socializing, educational and cultural activities, recreation and health related assistance. As elsewhere, the Area Agency on Aging and the United Way are the two major funding organizations. These agencies and a sample of the programs and services are described below.

A. Multi-service/funding Agencies

1. The Allegheny County Area Agency on Aging (AAA)

The Allegheny County Area Agency on Aging, "An agency designated by the State Agency in a planning and service area to develop and administer the area plan for a comprehensive and coordinated system of services for older persons (Code of Federal Regulations, Section 1321.3)" is administered by the Pennsylvania Department of Aging, established as a separate state level Department in 1978, and one of the few cabinet level aging departments in the nation. It oversees 51 AAA offices in the State.

In 1962, the Department of Adult Services was established by the Allegheny County Board of Commissioners to enable elderly/handicapped citizens to retain their independence and avoid premature confinement in an institution, hospital or nursing home. In 1965 the passage of the Older Americans Act (OAA) by the U.S. Congress signified aging as a major policy area at the Federal level, designated Federal funding, and mandated the establishment of Area Agencies on Aging in each state. The Allegheny County Department of Adult Services was designated as the Area Agency by the Pennsylvania Department of Public Welfare and the Board of County Commissioners in

1974.

Funding provided through the OAA is supplemented greatly by funds from the Pennsylvania State Lottery, and from other federal funding from the Departments of Agriculture and Labor, and from Allegheny County matching funds of from 10-25%. The State pays for the administrative costs of the Department of Aging from general revenues. In 1987 monies from the state lottery provided 60-70% of the total state funding of programs for the elderly, which helped to buffer the reduction in Department of Aging funding resulting from the passage of the Graham-Rudman Act.

At the state level, the Department of Aging supports a pharmaceutical assistance program ($150 million/year) under which those over 65 with incomes under a certain level pay only $4 per prescription. The Department is encouraging the use of generic drugs. Each Area Agency receives a bloc grant to support mandatory programs such as Senior Centers, nutrition programs, Meals on Wheels, and other services and also some discretionary money. The Department is beginning to document the need for greater in-home care. Funding for community services for in-home care was increased 50% in 1987 and, in recognition of the scarcity of competent persons to provide in-home care, a nurses aide training program is being started. And since in non-urban areas there may not be colleges or agencies to provide training, the Department is funding the development of a training manual and video cassettes to be used in the home by family providers, which will provide instruction as to how to perform needed activities, such as how to give someone a bath and how to lift a person. At the local level, AAA will reimburse families up to $200/month for respite care and other expenses for occupational therapists and aides, and

$200 to rehabilitate a home to accommodate disabilities of the elderly.

The Allegheny County AAA served almost 40,000 persons in 1984-85. Of these, about 51% lived alone, 44% were 75 years old or more, 42% were below the poverty level, and 14% were minorities. (The categories overlap, so that one person may be represented in more than one category.) The number served are only 13% of those eligible for services, and do not represent the priorities as to population segments to be served set in the 1984 amendments to the OAA of serving those below poverty, over 75 years old, or who are minorities.

The County AAA is not primarily a direct service agency, but contracts with over 36 agencies to provide services. The Agency assesses the overall needs of the elderly, plans the allocation and distribution of resources, provides technical assistance to the service agencies, and evaluates and monitors the effectiveness of its programs. It convenes public forums and hearings to discuss the wide range of issues affecting the elderly. Contracts are awarded based on a publicly advertised Request for Proposal (RFP) process.

The programs and services funded entirely or in part by AAA include:

- Senior Center Clustered Services: socialization, recreation, education, counseling, congregate meals, volunteer opportunities, information and referral, medical and non-medical transportation, and legal services.

- Social Services: service management, protective services, adult day care, domiciliary care and ombudsman services, and

- In-home Services: chore services, home-delivered meals, homemaker and personal care services, respite care and attendant care services.

Some of these services are discussed in the following sections.

2. United Way of Allegheny County and Southwestern Pennsylvania

The United Way of Allegheny County supports 65 agencies, and The United Way of Southwestern Pennsylvania, 140 agencies, some of which serve only the elderly and some of which provide services to people of all ages. The most pressing needs of the elderly as perceived by those interviewed are for in-home care, companionship, help in filling out forms such as for Medicare and income taxes, and supplementary food, either delivered to the home or in Senior Centers. The United Way Resource Management Department studies needs of the elderly from reports of member agencies to help determine the allocation of funds.

In 1987 the United Way held a PRIORITY SETTING FORUM and set three main target areas: community based services for the frail elderly, services for the unemployed, and services for troubled youth. The program for the frail elderly will be funded by part of a $1 million set aside from the general fund for these three issues. The need is great for good quality home health care, and also for companions, for homemakers, and for respite care to relieve family members for a few hours during the day or on weekends, or to allow the family care giver to continue to work. Part-time homemakers are scarce.

There are two labor representatives who serve as liaisons to the United Way. As mentioned in Section III, their function is to provide a counselling program for union representatives to inform them about available community services for their members; a referral service for individual union members, active or retired, who contact the Central Labor Council for assistance and are referred to the labor liaisons; and to provide access to union workers for fund raising by the United Way. The counselling program is an eight week program, three hours per week, which covers topics such as unemployment compensation, workers compensation, public assistance, food stamps, alcohol/drug abuse, HMO's, and how to handle shut-offs of utilities. The last class had participation of 40 rank and file members from 18 local unions representing ten or more international unions including: AFSCME, CWA, IBEW, IUOE, SEIU, UFCW, and USWA. Evaluations of the classes have shown little interest in pre-retirement counselling. Four core courses are given, plus others of current interest. Since '66 three pre-retirement classes have been offered with little response.

The United Way also operates a "Help Line", a phone number which persons can call for information, referral, and emergency assistance. Questions asked include how to get food if one is hungry and has no money, how to get companionship for an invalid mother, how to get cheap clothing. With the Pittsburgh Foundation, it also supports adult literacy programs using volunteers from the community in six or seven neighborhood centers.

3. Salvation Army

Individuals age 50 and older who seek out social service assistance from the Salvation Army comprise 15-20% of its services. Problems for which help is requested include lost or stolen checks; insufficient income for living expenses, household repairs, or utilities; shortage of food after paying bills; no one to assist at home; medical problems and expenses; and furniture help, usually bedding. Although the Director of Social Services of the Salvation Army stated that the County Adult Services program is very good, some seniors do not qualify for particular services needed and it is this group that come to the "Army".

In Western Pennsylvania the Salvation Army, in 1986, held over two thousand Senior Citizen Club meetings, attended by almost 43,000 persons. In addition, Salvation Army Senior Centers list almost 5,000 members who were provided services at 11,000 sessions. In 1986, volunteers for Salvation Army Senior Centers numbered about 12,000 who gave over 49,000 hours of service.

B. Programs and Services for the Elderly

Community programs for the elderly include opportunities for socializing, for educational activities, for recreational and volunteer programs. Some of these programs are described below.

1. Senior Centers

Senior Centers in the area generally receive most of their support from the Area Agency on Aging (AAA), with the balance of funding coming from various sources, such as contributions, foundations, and special fund raising events. Some have union sponsorship. Throughout Pennsylvania, the National Steelworkers Oldtimers Foundation (NSOF) administers Centers which, despite the name, are not limited to steelworkers. NSOF was formed as a public, non-profit organization in 1978 by the United Steelworkers of America, and established five Senior Centers which operate somewhat differently. The Mon-Yough Center Project in the Pittsburgh area is supported by both NSOF and the AAA; and receives donations of about $40,000-$55,000 a year. Other NSOF Centers operate in buildings renovated with Community Development Funds and are self-supporting.

The Mon-Yough Project has a contract with the Area Agency on Aging to operate seven Senior Centers. It is one of 20 contractors in the area and must comply with AAA restraints. The project was initially started to benefit retired steelworkers, but then joined another pilot project in the area already sponsored by AAA. About 60% of present participants are steelworker related, mostly widows and retirees. There is no charge for services and the Centers operate with about 500 volunteers and few paid staff. Staff of the Centers receive no benefits or pensions, and most earn from $4 - $4.50 per hour. USWA acts as the 501C3 pass-through, and in some years has covered deficits of about $15,000 but no longer has the resources to do so. The administration of NSOF supported Centers has recently been changed, and the Coordinator of SOAR now has this added responsibility.

The Centers provide congregate meals five days a week, and also deliver meals to the homes of those unable to come to the Centers. A $.50 contribution is suggested for lunches, but only about $.30 is being given. Other services include subsidized transportation and Companions to accompany the elderly. Some Companions are paid through the Senior Community Service Employment Program under Title V, which places low income persons, 55 years old or older, with non-profit organizations for training and employment for up to two years. Some trainees are hired as permanent staff at the Centers after training.

The Centers distribute surplus food to the whole community. They act as a back up to the Meals on Wheels program also supported by AAA which has a policy that no one should be on a waiting list. Meals on Wheels charges about $12-$15 per week in contrast to about $5 for meals delivered by the Centers, so that some persons referred to the

Centers in an emergency then want to change their provider.

As mentioned above, most AAA supported Centers also need other funding. NSOF raises money through bingo parties, lotteries, handicraft sales, and a tag day at grocery stores, banks and on street corners. These raised $3000 in 1986. A mail solicitation raised only $2000. At the McKeesport Center, money is also raised by serving as a collection point for persons to pay their utility bills. The Center receives fifteen cents per bill paid from the utility companies. An added benefit from this service is the opportunity to identify older persons who are illiterate. Some can be motivated to participate in basic adult education courses being sponsored by a nearby YMCA which provides one-on-one tutoring.

The Education Director of AAA said that surveys of participants in Senior Centers show that "many don't want to learn." They are "great card and bingo players, and are insecure about going to classes." She feels that another word is needed for "education", since many older persons had to quit school. "Education is not positive for many."

Another Senior Center sponsored by the AAA is administered by the Jewish Community Center and served about 2000 persons in 1987. It serves about 100 hot meals daily and also provides food for special evening and Sunday events. It is the only Center in the Pittsburgh area which provides kosher food for older Jewish persons. Among the classes offered are Bridge for varying levels of skills, Jewish History, Humanities, Conversational Hebrew, Drawing and Painting, Nutrition, Hydroslimnastics (exercises in a swimming pool), Health Insurance Counseling, and a Choral Group.

2. Older Adult Service and Information System (OASIS)

OASIS is a national cultural and educational program sponsored by Federated Department Stores and held at member stores in about 13 cities. A Pittsburgh site opened at Kaufmann's department store in September 1986. The program receives funds from the AAA and the Forbes Health System, and receives space, equipment, and furniture from the store. It is administered by one paid staff person and a secretary. Fund raising activities include a fashion show at the store for which admission of $10 or $25 is charged (OASIS provides the models and its choir; the store, the fashions) which usually raises about $3,000, an annual raffle which nets about $3,000, and contributions received when the choir performs for events around the city.

Since its opening over 8,000 people have participated in OASIS activities. About 90% of the participants are identifying themselves as "being old" for the first time. Those aged 60-69 are the largest age group; about 80% of total are women. Participants come from a wide radius around Pittsburgh to the store which is located downtown, and many for the first time are mixing with persons from a variety of ethnic and religious backgrounds.

No questions are asked about the educational or economic background of participants, but it is the feeling of the Director that almost all have at least a high school education. Many volunteer to teach or to do clerical tasks, such as registering new applicants. Participants can attend non-credit classes taught by Allegheny Community College at no cost, except for materials for classes such as painting on canvas. Other classes include financial planning, quilting, golf, previews of opera presentations, exercise, line dancing, bridge classes, foreign languages including some conversation groups organized to preserve ethnic heritage, and health related subjects presented by the Forbes Group. Members also attend performances of the performing arts organizations, many of which subsidize the cost of tickets and also hold special performances at noon. Attendees go separately, rarely as a group by bus, unless an afternoon of lunch-plus-theater is planned.

Volunteers meet once a month, and organizations needing volunteers are invited to come to recruit. For instance, OASIS volunteers help other non-profits with mailings. They are also helping the Equitable Gas Company make 80,000 calls to identify persons over 60 who need help in reading and/or paying their bills as part of a campaign to reduce hypothermia among the elderly. Some utilities have been shut off unnecessarily when elderly persons did not pay their bills.

In addition to providing space, Kaufmann's provides one day a month when OASIS members can buy candy and other specified items at 10% off at its suburban stores; and two days a year when 10% off is allowed on all items in the downtown and suburban stores.

3. American Association of Retired Persons (AARP)

There are 10 AARP Chapters in Western Pennsylvania. Chapter 602 in Pittsburgh has 413 members who each pay $3 dues a year. The Chapter holds monthly meetings with speakers on issues related to concerns of the elderly, and provides beverage and dessert. There are Committees for Programs, Legislative and Health Issues. The Chapter also provides a subsidized transportation service so that members can attend meetings, and has a monthly newsletter.

A Regional Council of Chapters meets periodically, but Chapters do not interact with other Senior Citizens Groups. "We operate under the jurisdiction of the national AARP," said the Chapter President. Members of various union retiree clubs, particularly the Carpenters and UFCW, attend the AARP meetings for socializing and to take advantage of trips which are planned.

4. Educational Activities

As mentioned above in the discussion of Senior Centers and OASIS, Allegheny Community College is active in providing educational courses for older adults, primarily not-for-credit courses. Center North Campus focuses on courses for the elderly which are taught by College instructors. The AAA pays the Instructors; students pay no tuition for non credit courses, but may pay $1 per class in some Centers and the cost of materials. Students pay $44 per credit if working for a certificate which generally requires 30 credits. The two instructors interviewed feel that those now attending Centers are more sophisticated, with higher education levels, than several years ago.

Over the past two years, the College has conducted three GED programs. Most students were in the upper age groups, the oldest being 86, and all passed. "Older folks really enjoyed these classes and learned. Once they started, they overcame barriers," according to the AAA Education Director. Confidentiality is a problem in some Centers for those who do not want it known that they are illiterate. For eight years the College also has conducted Adult Basic Education (ABE) classes at the four public Kane Centers, nursing homes for the indigent frail elderly. It also holds classes at Senior Centers in senior public housing complexes, but finds that tight security at the complexes regarding "outsiders" is difficult to deal with there.

Two other organizations are active in adult literacy activities: the Pittsburgh Literacy Initiative and the Greater Pittsburgh Literacy Council. The Council was incorporated in 1982 and has a Board of Directors composed of representatives of business and education sectors, and would like to add members from organized labor. It works with volunteers to provide small group and individual instruction, and is funded by the United Way to administer programs in five United Way agencies, including the "Y" in McKeesport near the NSOF Senior Center from which some retirees are referred. It has been approached by an SEIU local to help its members become more literate. The Literacy Initiative hopes to become the clearinghouse for literacy programs in the area. It recruits, screens, and refers persons over 17 years of age to literacy classes; 60% are sent to the Literacy Council. The initiative also does two and six month follow-ups of referred clients and re-refers if necessary. From September 1986 to March 1988, 77 adults over 50 years of age requested service; 77% of these were below the 4th grade reading level.

Some college instructors are considered "too sophisticated" for the students at Senior Centers, according to the Education Director of AAA which supports the classes. She feels that a sense of humor and an innovative simple approach is needed to attract the elderly. "One shot" classes are better received than longer courses. "We have a hard time getting ten people on an ongoing basis. The number dwindle after the first few sessions of longer courses."

Courses which have been offered by the Allegheny Community College at Senior Centers include:

Caring and sharing
Reminiscing
Current events
Fitness
Nutrition
Foreign language
Arts and crafts
Bridge
Music for older adults
Sight conservation
Oral history
Needlepoint with fine wool
Painting, with some work on canvas ("this is not popsicle stick craft instruction")

The Community College tried to present pre-retirement planning courses, but was unsuccessful in generating interest.

The Community College is developing an Associate Degree Program in Gerontology. It teaches CPR and Red Cross First Aid Courses to staff of Senior Centers; and also trains Center staff and aides for in-home health care, homemaking, crisis intervention, and stress management.

The Philip Murray Institute, which is housed at Allegheny Community College, is funded by the County to conduct a two-year credit-level labor studies program. Courses include training in bargaining, labor relations, professional development, health cost containment, and "right to know" legislation. At one time, discussions were held with IBEW, based on the example of IBEW Local 3's support of the Bayberry Center on Long Island, NY. That Center provides extended care for retirees and educational and social programs, but there was no interest by IBEW in setting up classes in Pittsburgh. The Institute has no special focus on retired workers. Retirees who take courses generally do so just "to be involved and keep busy," according to the Director. Some have taken courses in pension investment, ERISA and pension reforms, CPR, and economic development. Others are involved in recreational programs, "song and dance", and arts and crafts. The Institute does some research, and through a Small Business Innovative Research Grant conducted a study as to whether older people could be trained for hi-tech positions. The answer was "yes", but not many companies were interested in hiring older workers because of the availability in the Pittsburgh area of a large number of younger workers. The school did conduct a "nanny" program which trained older women to be child care providers. The demand for graduates far exceeded the number of students, but the course has been discontinued for lack of students.

The Institute will offer courses in response to demand, but there was no indication as to how that demand might be generated or from where it might come. It tried unsuccessfully to initiate a training program on nutrition for the elderly at the County's Kane Centers which provide day care and long term care for indigent elderly. Allegheny does not provide, as do some Community Colleges, zero-based tuition for retirees on a space available basis.

5. Health Related Services and Activities

Currently, public programs in Allegheny County provide greater support for institutionalized care than for community and in-home services. Many basic support services, such as meal preparation, housekeeping, and laundry services are reimbursed by Medicare and Medicaid only if they are provided in a nursing home or hospital, but not in the home. It is anticipated that federal funding for senior centers and congregate meals will not be cut over the next three years, but will remain at current levels. However, it is expected that higher operating costs and the increasing numbers of people in need, will result in services being available for a smaller proportion of those in need.

As the number of frail elderly grow, a continuum of services--in home health care, adult day care, personal care boarding homes, respite care for caregivers, counseling, transportation, preventive health programs, and senior centers--is essential to help the frail elderly maintain their physical and mental well-being in their own homes. Yet it is estimated that the 20 existing adult day care centers in Allegheny County, with a capacity of 497 slots, were meeting only 53% of the demand for this service in 1987. Approximately 8% of the frail elderly need help with such basic activities as dressing, feeding themselves, bathing, and walking. Without sufficient support services, the problems of the frail elderly can be life-threatening. Several organizations in the area are working to improve the health, economic level, and general well-being of the elderly, some are coalitions including representation from AFL-CIO affiliated unions, such as the Pennsylvania Public Interest Coalition (PennPIC) and the Pennsylvania Alliance for Jobs and Energy (PAJE) which has added health care to its agenda. The activities of these organizations are described in more detail in Section V.

In areas where plants have closed, union retirees are becoming concerned about reduced pensions and medical coverage. Canvassers for the advocacy groups are finding many isolated elderly living alone. According to the PennPIC's Director, "Generally, retired steelworkers seem to have good protection," but they need help in filling out forms and are unaware of some services covered by the medical insurance they have, such as dental care or chiropractors. They also need better and more information on changing government regulations about Medicare. Another major health issue of concern is hospital admission and discharge under Medicare's Diagnostic Related Groups (DRGs). PennPIC reviewed the admission packets given elderly patients at a few hospitals and aroused the interest of the daily newspaper, the Pittsburgh Press, which then conducted a more comprehensive study. The Press found that out-dated material, if any, was being given to incoming patients which did not contain information about the no-risk appeal procedure provided if a patient feels he/she is being dismissed too soon. Another survey of about 400 persons showed that 30 percent had directly, or in their families, experienced difficulties with hospital stays under DRG, and that 90 percent perceived a problem existed. A leaflet has been prepared by PennPIC, "Getting Well with DRG's", which explains the "facts you should know before illness strikes."

Pittsburgh does not have a public hospital. Steelworker retirees had difficulty getting care during the cutoff of medical insurance by LTV, when the steel company declared bankruptcy. The cancellation caused enormous fear and panic among the elderly. The local hospital, which most of them used in the Homestead area where LTV is located, had been built through a check-off of contributions from their paychecks, but would not provide service to persons without insurance.

Prescription drug costs are also a major concern. A State program assists only those earning less than $12,000. Education is needed about coverage for prescriptions by the Blue Cross '65 Special Program by both the elderly and the social work professionals who are not aware of the reimbursement available. Nor is possible coverage of eye and dental care well known.

Because of the increase in the number of the elderly, hospitals are now competing and reaching out to them. An example at Braddock Hospital is the ELDERMED program. Seniors can join the program at no cost and receive information and counseling on medical insurance and help in filling out forms. They are also given a list of doctors who use the hospital and information on a program for emergency contact with the hospital through audio equipment worn as a pendant and/or set up in a room at home.

6. Volunteer Opportunities

There are many opportunities for retirees to become involved in volunteer activities. The Red Cross administers the Retired Senior Volunteer Program (RSVP) in the Pittsburgh area, one of many across the nation administered by various organizations in different sites, which act as a clearinghouse to provide retired persons 60 years of age or older with the opportunity to participate in volunteer service in the community. RSVP provides volunteers to non-profit agencies requiring short-term, non-specialized assistance such as addressing, stamping, and stuffing envelopes. Through its Retired Professional Volunteer (RPV) segment it also places retirees from professional, managerial, and technical fields. The work can be done either at the requesting organization's site or elsewhere. RSVP in Pittsburgh has placed over 1100 volunteers at 90 local agencies. Each volunteer must donate a minimum of four hours of service per month. "The Golden Echo", RSVP's newsletter, recognizes volunteers and provides information about volunteer opportunities.

As mentioned above, the OASIS program depends on volunteer help for administrative and instructional tasks. The American Association of Retired Persons (AARP), although primarily social and now political, also has community projects which involve volunteers, such as teaching reading to blind pre-school children.

V. ADVOCACY FOR THE ELDERLY

Several organizations are involved through political and legislative activities in advocating to better the quality of life for the elderly. Some are multi-issue organizations but most focus on one issue - health care. For example, the prime focus of the Pennsylvania Public Interest Coalition (PennPIC) is a Senior Citizens' Health Care Campaign in which it is working closely with the Pennsylvania Alliance for Jobs and Energy (PAJE). Supporting unions include USWA, UAW, BCT, and AFSCME. PennPIC was begun about six years ago and is one of over 100 groups in a statewide coalition which reaches over 500,000 persons through door to door canvassing to raise money and provide information. It is also part of a national group, Citizens Action. PAJE was organized about 10 years ago with a focus on restraining increases in insurance and utility bills, and lobbying for "right to know" legislation regarding hazardous substances in the workplace, issues also of concern to PennPIC. It has now enlarged its scope to include health care.

The Health Care Campaign is funded primarily by two major grants, one from the Villers Foundation and one from the Campaign for Human Development (CHD) of the U.S. Catholic Conference. Money is also raised through an ad book and a raffle. There are many sponsors, about equally divided among labor organizations, NCSC, city and county Senior Centers, and some AARP chapters. The campaign wants to make available more affordable, accessible, and quality health care. The Coalition successfully lobbied the State to increase funding for in-home health care services, resulting in an increase from $8 to $16 million in 1987.

PennPIC is conducting a broad campaign in the media, and is carrying its message to Senior Centers and Retiree Clubs through presentations and written material, as well as using TV. Another focus of PennPIC is mandatory acceptance of Medicare assignment by all doctors obtaining licenses in the State. Massachusetts now has such a requirement. Only 30% of doctors in Pennsylvania now accept assignment, and a survey revealed much overcharging by doctors in the State. PennPIC is attempting to get retirees to lobby on health issues for persons of all ages; for example, for the Kennedy bill which would require employers to provide health insurance for all workers. PennPIC has multiple funding sources which it keeps in separate pools, so that it can educate, conduct surveys, and endorse candidates on a non-partisan basis with some funds; and carry out political activities with other sources.

Retirees in the Pittsburgh area can also be involved in the Action Alliance of Senior Citizens, based in Philadelphia, which is involved in the national health care campaign. The Alliance was founded in December of 1986 and has a membership of over 70 national organizations, including the AFL-CIO, NCSC and Citizens Action. It has a staff in D.C. whose goal is to win national health care for persons of all ages. It is beginning the campaign in stages, the first of which is catastrophic health care coverage for senior citizens, including extended hospital stays, the cost of prescription drugs, nursing home and other long term care.

Another advocacy group, which also provides direct services, is the Rainbow Kitchen which was established in 1982 in Homestead primarily to help feed unemployed steelworkers and others. It is involved in improving health care through a Health Care

Campaign for the Unemployed. The co-founders of the Kitchen are a laid-off steelworker and his wife who is a nurse, who continue to volunteer their time, even though he has been awarded a fellowship to study public administration at Carnegie Mellon and she works for the Veterans Administration while taking graduate work in public health. Staff of the Kitchen also act as community organizers and provide information on elderly issues disseminated through wide use of the media, and weekly and daily newspapers in the area. Presentations are also made at monthly meetings of Social Work Agencies because it is felt that social workers do not understand health insurance coverage.

Another organization working for better health care for the elderly is the Western Pennsylvania Retired Steelworkers Conference, which, as previously mentioned, is not restricted to steelworkers but works together with other unions and PennPIC. (See III. C.) A key concern is the cost of medical care which retirees are now paying themselves. HMOs are increasingly being considered for providing health services. The Conference is also concerned with DRGs. Whereas hospitals used to hold patients 2-3 days too long, they are now dismissing them too early. The Conference used to study published newspaper accounts of hospital admissions and discharges to determine how many elderly dismissals resulted in readmissions after a short period of time, but the State has now forbidden publication of admissions. The Conference is also informing retirees at meetings of their health coverage rights, and feels that the AFL-CIO NEWS is a good source of information on health issues. Since the Canadian national health insurance program has worked well, national health care insurance in the U.S. is being encouraged with the endorsement of SOAR's Canadian representative.

NCSC is also working with PAJE to prevent increases in telephone rates and in electricity rates. Bell Telephone has had a great increase in profits since the AT&T breakup, but is now asking for rate increases. Many senior citizens have had to give up phones, but according to the head of an NCSC Chapter, "a telephone for seniors is not a luxury." NCSC has pressed for a rollback in rates; members are writing letters and calling legislators.

VI. NEEDS AND CONCERNS

Those interviewed expressed needs of the elderly in the areas of health care, housing, literacy, opportunities for socializing, income, and food for some, especially dislocated older workers. These needs are met in part by programs and services funded by the major funding sources, the Area Agency on Aging and the United Way. More specifically, health related needs include: support services for short and long term medical crises, a better understanding of medical insurance coverage and help in filling out insurance forms; information on relative benefits of joining an HMO or buying a Medi-gap private policy; increased availability of trained in-home caregivers at affordable cost; more accessible transportation for visits to hospitals and doctors; truthful and up-to-date information on Medicare coverage for patients entering hospitals; and insurance for long term and catastrophic health care.

The need for socializing was indicated by the Directors of the Rainbow Kitchen who said that persons came, not only to eat, but also used the Kitchen as a place to meet other people and a place to go to get out of their homes. Some spent the morning sitting around before lunch was served. Retired steelworkers came to the NSOF Senior Center to play pool and to be with their former co-workers, and they and others came for lunch to socialize more than for the food, according to the Director of the Center. The NSOF Center also served to identify some in need of adult basic education. In recognition of the need for literacy, there is increasing interest in reaching out to the older population by the Community College to provide GED courses and basic education skills.

Another major need in the Pittsburgh area is for a better exchange of information between service providers and those in need of service. Exchange of information among retiree clubs is also needed, so that they can benefit from the experience of others and join together in efforts to improve services for the elderly. Particularly in regard to union retiree clubs there has been little direct outreach by community service providers. Some information is provided through Senior Centers, but these are not attended to a great degree by retired union members.

There is great concern among union retirees about the possible cut-off of pensions and medical insurance negotiated with companies, especially those which have declared bankruptcy. A better understanding of the fine print included in contracts is needed, so that there are not unreasonable expectations by retirees, but there also needs to be strong advocacy efforts to protect the benefits agreed upon in negotiated contracts.

Concern was also expressed over the increase in cost of telephone service which has resulted in many of the elderly being unable to afford service in their homes. Where phone service is not available, other ways for the home bound or "frail elderly" to make contact with family or medical service providers is necessary. Especially for medical emergencies special electronic equipment which can be placed in rooms used most in the home, or worn as a pendant around the neck, should be provided.

VII. SUMMARY AND CONCLUSIONS

Pittsburgh has diverse programs and services available for the elderly; but many union retirees and other elderly are not aware of what is available to them, and hence do not take advantage of services and programs needed. There is inadequate dissemination of information about these programs and services to the union affiliated retiree organizations, and little outreach to recruit union retirees as volunteers for these programs.

Funding was provided by governmental agencies at the city and county levels, sometimes acting as pass-throughs for federal funding; by private foundations; by community agencies such as the YMCA and Pittsburgh Literacy Initiative; and by fee-for-service programs such as courses at a Community College for which tuition is charged. Some programs, such as Senior Centers, have multiple funding sources. The lead funding agencies were the Area Agency on Aging (AAA) and the United Way, particularly for programs for the indigent. The administration of most of the services and programs funded by these agencies was contracted out, except for Information and Referral. The programs were administered by a variety of agencies, public and private, religious and secular, including the labor related national Steelworkers Oldtimers Foundation.

The Pittsburgh area has suffered greatly from plant closings, causing severe stress and uncertainty among union retirees. Many are also worried about the future employment and benefits which their children can expect. However, many of the union retirees who retired before the closings or whose companies were not affected have negotiated good pensions and medical coverage, and they are enjoying retirement by socializing and travelling, with little involvement in community affairs, and little use of community services.

Retiree clubs affiliated with local unions are the principal means by which retirees remain in contact with the agenda of organized labor and with their peers. However, many locals have had little or no help from their international unions in establishing or expanding such clubs. The retiree clubs also get varying amounts of support from their locals. Some locals provide space, money for food served at club meetings, and some secretarial support for mailings. But there is little pre-retirement planning, and often no local union staff to counsel retirees. There is little interaction among retired and active workers, except at the annual Labor Day parade, or for some political or legislative activity. The Central Labor Council does not coordinate retiree activities, but could provide the needed service of establishing a network between service providers and retiree clubs to make known community resources available to retirees, and providing a clearinghouse for the exchange of information among retiree clubs as to best methods of organization and as to speakers and written materials which can be utilized in retiree club meetings.

Clearly, retirees might benefit from efforts to broaden their retirement activities and from greater information about community services and national programs which serve their needs. Presentations at retiree club meetings and related discussions are a good means to get needed information to members on issues, not only on medical care and pensions, but also on community affairs and on cultural and educational opportunities. Retirees can also be recruited at meetings for political activities and to provide services to others, such as literacy instruction.

Information on model programs should be disseminated among service providers in the community, such as the program at the NSOF sponsored Senior Center which identifies those unable to read and write and refers them for help - an unintended benefit from the money raising collection of utility bills at the Center.

Many retirees in the Pittsburgh area are not being assisted in an organized fashion by their unions. Much more needs to be done.

Appendix 1.

ORGANIZATIONS CONTACTED

American Federation of State, County and Municipal Employees (AFSCME)
Allegheny Community College
Allegheny Conference
Allegheny County Central Labor Council
American Association of Retired Persons (AARP)
American Red Cross
Communication Workers of America (CWA)
COPE
Eldermed
Greater Pittsburgh Literacy Council
International Brotherhood of Electrical Workers (IBEW)
International Union of Operating Engineers (IUOE)
Jewish Community Center
National Council of Senior Citizens (NCSC)
National Steelworkers Oldtimers Foundation Senior Center (NSOF), McKeesport
National Steelworkers Oldtimers Foundation (NSOF), Mon-Yough Project
Older Adult Service and Information System (OASIS)
Pennsylvania Department of Aging
Pennsylvania Public Interest Coalition (PennPIC)
Pittsburgh Foundation
Pittsburgh Literacy Initiative
Rainbow Kitchen
Salvation Army
Service Employees International Union (SEIU)
Steelworkers Organization of Active Retirees (SOAR)
UAW
United Brotherhood of Carpenters and Joiners of America Retiree Club (UBC)
United Steelworkers of American Local Union 1843 Retirees Club (LTV) (USWA)
United Way of Allegheny County and Southwestern Pennsylvania
Western Pennsylvania Retired Steelworkers Conference

Appendix 2.

RESOURCE MATERIALS REVIEWED

ALLEGHENY CONFERENCE

"A Strategy for Growth: An Economic Development Program for the Pittsburgh Region", November 1984

AMERICAN RED CROSS

"The Retired Senior Volunteer Program (RSVP)"

AREA AGENCY ON AGING

"1986-87 Directory"

"1987-1988 Area Plan Summary"

"Area Plan Final Report - 1983-1986"

Rhodes & Brennan, Inc., BLUEPRINTS ON AGING: STRATEGIES FOR THE 1990'S THAT BRIDGE RESOURCES TO ALLEGHENY COUNTY'S OLDER PEOPLE, Pittsburgh, PA, 1986.

GREATER PITTSBURGH LITERACY COUNCIL

"Teach an Adult to Read"

JEWISH COMMUNITY CENTER OF PITTSBURGH

"Put Some Splash in Your Summer" - Summer Program Guide, 1987

NATIONAL STEELWORKERS OLDTIMERS FOUNDATION

"National Steelworkers Oldtimers Foundation Mon Yough Project: NSOF", 1985.

"Senior Citizens News and Views", Allegheny County South Edition, April, 1987, which contains a description of the NSOF Project.

"Senior Times", March 1988

OLDER ADULT SERVICE AND INFORMATION SYSTEM (OASIS)

"Cultural Calendar for Winter/Spring '88"
"OASIS Volunteer Handbook"

PITTSBURGH LITERACY INITIATIVE

"On-Line Literacy" (newsletter), December 1987

UNITED WAY

"Background Papers", The United Way of Allegheny County Priority Setting Forum, 1987.

"Help Line 255-1155"

"The People's Guide to Human Services", August 1986

"Where Does the Money Go?", a Directory of United Way agencies.

U.S. DEPARTMENT OF COMMERCE, BUREAU OF THE CENSUS

State and Metropolitan Area Data Book, 1986. Washington, D.C., 1986.

PROGRAMS AND SERVICES FOR UNION RETIREES AND OLDER ADULTS: A COMMUNITY STUDY OF MIAMI, FLORIDA

Lester Trachtman

B

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I. INTRODUCTION

Twenty-four percent of Florida's 12 million residents are over 60 years old. The State has the largest proportion of elderly citizens in the United States. Because of its warm climate, and the lifestyle associated with it, the Miami area has attracted large numbers of retirees from other parts of the country. Many of these were union members who still identify strongly with their unions. In moving to Florida, however, they have settled in a right-to-work state with a weak labor movement. Although the number of senior citizens in the Miami area is well above the national average, there appear to be inadequate services and resources to meet their needs. While the Miami area may be attractive because of its climate, many retirees are concerned about health, finances, crime, transportation, and loneliness.

For the purpose of this study, the Miami Area is defined as Dade and Broward Counties.

II. COMMUNITY PROFILES

A. Overview

The Miami area comprises the adjoining Counties of Broward and Dade. While there is a vast amount of economic and social integration between the two Counties, there are some basic differences between the senior populations. Dade is more Spanish, Black, and poorer, with about 50% of the retirees born outside the U.S. and having come to the area as refugees. Broward, on the other hand, has a higher proportion of Jewish retirees (about one third of the population), a larger number of condominium communities, and a wealthier population.

B. Dade County

The total population of Dade County is about 1.8 million, approximately 20% of whom are 60 and over. Breaking the senior group down further we find that 5% are 60-64, 5% are 65-69, 4% are 70-74, and 7% are 75 and older. The median age of the older population is 71 years, with older women outnumbering older men by a 3:2 ratio. Less than half of the older population is married. Over one-third are widowed, 13% divorced or separated, and 3% were never married. Only 50% of the senior group was born in the U.S., with the largest group (33%) born outside the U.S. coming from Cuba.

The ethnicity of the area provides an essential element in understanding a number of issues and problems. A recent needs assessment undertaken for the Area Agency on Aging shows that ethnicity is particularly important for those 60 and over in Dade County.

> White non-Hispanics [who comprise 34% of the 60 and over population] are likely to be married, report household income of $20,000 a year or more, own their own home, have a car, and have more than a high school education. Whites are more likely to report that they are unlikely to have any support system available in this county.
>
> Black non-Hispanics [10% of the population] are likely to be widowed, report household income of $5,000 a year or less, rent, not have a car, and have less than an eighth grade education. Hispanics indicate trouble with transportation, being home-bound, finances, paying housing expenses, and sharing housing expenses with others.
>
> Jews [16% of the population] are likely to be widowed, report household income of $20,000 a year or more, own their own home, not have a car, be over 80 years old, have more than a high school education, and live alone. Jews report serious problems with loneliness and stress and are unlikely to have any support system available in the county. (Dluhy and Krebs, 1987: VI-VII).

The mobility of the population is indicated by the fact that 57% have lived in the Miami area less than 20 years and only 26% of the older population have lived in the area over 30 years. Of the seniors who immigrated to the U.S., two thirds came when they were 40 or older. The size of the households varies greatly, which can be attributed to the very diverse cultural background of the population. Approximately one-third of the group live alone, 43% of the households have two people living in them and 24% have three or more people. There are apparently strong intergenerational ties among some groups in the population. Approximately one-quarter live with children and 11% live with grandchildren or great grandchildren.

C. Broward County

Broward County is growing faster than Dade and does not have as varied an ethnic mixture. Its population is primarily White and divided fairly evenly among Jews, Catholics, and Protestants. The communities within the County tend to be wealthier, and there is a greater proportion of condominiums than in Dade County. The total population for the county is 1.2 million with about 355,000 persons 60 and over. Of those 60 and older, two-thirds are 60-74, over one-quarter are 75-84, and almost 10% are 85 and older. About 60% of the 60-and-over population are female, more than half are married, and one-third live alone. The vast majority own their own home or apartment with less than 20% renting, and more than one-third live in condominiums. Almost 40% have an annual income of $10,000 or less while almost one-third have incomes of $20,000 or higher.

Between 1970 and 1980 Broward was one of the fastest growing counties in the United States, with a growth rate of 64%. Population projections for the next five years in the County anticipate a 9% increase of the 60 and over population and equal growth for the general population. However, a much different picture emerges if we look at the projections for the population 75 and over and those 85 and over. In the next five years, an 18% increase is expected for those 75+ and a 32% increase for those 85+.

In looking at the older population, the Area Agency on Aging has assessed how many of the seniors in specific groups require some type of assistance to function at home. It was estimated that 10% of those 65-74, 21% of those 75-84, and 44% of those 85 or over would need assistance.

D. Economic Trends for Dade and Broward Counties

In the State's comprehensive planning districts, Dade and Broward fall into the same statistical data region for occupational data. Employment is projected to grow by almost 40% between 1985 and 1995, with the largest change in the fields of: managerial and administrative occupations; professional, paraprofessional and technical occupations; sales occupations; food and beverage occupations; service occupations; and clerical and administrative support occupations. Clearly, the growth in southern Florida is expected to continue over the broad range of the economy through 1995.

The labor market in Dade County has been generally improving over the past year. The employed labor force reached almost 900,000 in November of 1987 a gain of almost 2% over the preceding year. The unemployment rate was 5.5% at the end of November 1987, a drop of 1% over the year. Broward County experienced a more rapid growth rate. The employed labor force grew to almost 600,000 in November 1987, a gain of over 4% from the level a year earlier. The unemployment rate was at 4%, a small decline from the previous year.

In both Counties the major portion of the increase in employment was due to the growth in trade and services. In comparing recent employment patterns in both Counties it is interesting to note that in Broward transportation, communications, and utilities grew by 1,200 jobs over the November '86 to November '87 year while in Dade these occupations decreased by 1,700 jobs.

III. UNION RELATED RETIREE ORGANIZATIONS

Although the economics and demographics of Dade and Broward Counties provide some understanding of why retirees move to the area, it is the warm sunny weather itself which has been primarily responsible for attracting so many union retirees to southern Florida. Despite choosing to live in Florida, many retirees want to maintain their relationships with their northern roots. A clear example of this attitude are the "snow-birds," those retirees who come to southern Florida as the northern winter gets started and leave as spring arrives. An American Federation of State County and Municipal Employees (AFSCME) representative indicated, "Our retirees grow by about 33% in the winter months."

A. Florida State Council, National Council of Senior Citizens

The major retiree organization addressing the educational and political needs of the union retirees in Florida is the Florida State Council, an affiliate of the National Council of Senior Citizens (NCSC). The Council was revitalized and reorganized in February of 1988, with a new constitution, newly elected leadership, outside funds, and a major increase in affiliated membership. Through the efforts of a small group of active labor leaders who recognized its potential, and the cooperation of the headquarters of NCSC, the reorganization was successful, with the number of state affiliates expanding from 16 to 32 and the membership (based on affiliated clubs) increasing from 13,000 to 35,000. (These numbers are undoubtedly conservative and were provided soon after the February 1988 meeting.) The organization is physically located in West Palm Beach in space provided by the Florida Consumers Federation, a major catalytic force behind the new organization.

The leader of the organization was chosen from the largest and best organized of *the labor retiree organizations, the* UAW retiree group, which has about 18,000 retirees in the State. The new leadership is predominantly from the labor movement and is made up largely of activists who have been leading local retiree groups. Blocks of local union retirees were affiliated to the group with additional support from the American Federation of State County and Municipal Employees (AFSCME), International Brotherhood of Electrical Workers (IBEW), International Union of Operating Engineers (IUOE), International Ladies' Garment Workers' Union (ILGWU), Communication Workers of America (CWA), United Food and Commercial Workers (UFCW), National Association of Letter Carriers (NALC), and the United Federation of Teachers (UFT). Many community and condominium associations are also among the charter members of the reconstituted group. A number of other groups such as the United Brotherhood of Carpenters and Joiners (UBC), the International Union of Electronic, Electrical, Technical, Salaried, and Furniture Workers (IUE), and the Amalgamated Clothing and Textile Workers Union (ACTWU) had observers present at the recent convention and most probably will affiliate as well. The hope is to have 100,000 members by the end of the year.

B. Union Retiree Clubs

In this section descriptions are presented of clubs that are noteworthy for either exemplifying a common type or being unique in their approach.

1. A Typical Club

Most of the union retiree organizations are made up of union people from the northern states. Many had worked together for years and easily came together in a club that reflects their earlier comraderie in their home locals. Common benefits arising from the union's collective bargaining agreement provide another strong link. The ACTWU retirees club of Broward County is typical of many groups of workers who have migrated to southern Florida and formed clubs that provide information, an opportunity for socializing, and an organization for political or social action. The club, which meets monthly, addresses all of these needs. Meetings, which are held in the community room of a local bank, have about 50 participants, the majority of whom are couples. Annual membership dues are $5 per person and $8 per couple. Social events are planned, speakers present talks on current issues, and the group tries to stay in touch with developments in New York, where most come from. This last element is particularly important to many who seek more information on the current activities and developments taking place within their former industry.

The majority of the retirees live in the large condominium communities of Broward County. They prefer not to drive at night and look to their local community for social activities. The ACTWU club leadership has a strong union commitment and its president termed the activists "born again union people." Yet, in this case, the commitment is to their own union. They are not yet an active part of any coalitions and rely on the Social Services Department of their union in New York for most of their material and information on issues.

2. A Well Organized Service Group

Among the union retiree organizations in Florida, the UAW is clearly the strongest, best organized, and best financed. There are six Retired Workers Councils across the

State serving the 18,000 retired members, most of whom are in southern Florida. The Southwest Retired Workers Council which is based in Fort Lauderdale serves 500-600 retirees and attracts 100-150 to its monthly meetings. While the members may come early to meetings to socialize, the emphasis of the meetings is on education and political action.

All of the UAW Councils have "drop-in" service centers which are designed to help retirees with benefits and health care information, including how to fill out insurance forms. They are staffed by volunteer counselors who are UAW retirees who have been given special training.

3. Homebred Organizations - Retirees of Florida Locals

The retirees of Florida locals of UBC and AFSCME present a different picture. The UBC group is composed of unionists who worked in Florida and had been members of various southern Florida locals. The locals have seen their ranks decline drastically: three District Councils have been combined into one, and where there were once carpenters in Broward County alone, there are now 7,000 in the entire Southern Florida District Council. There are two retiree clubs involved with the Council. The more established one is in Broward County and has about 50 members. The Broward club meets monthly at the union hall of the local in Broward County. Its focus is primarily social, although there are occasional speakers at the meetings. Club members participate in community volunteer programs organized by the District Council. Members also are politically active when their interests (local or national) are involved. There is little contact or support from the International and the general feeling is that the retirees receive inadequate information from the central body.

Another perspective is provided by the City of Miami Retiree Group which is an association of local municipal employees. It is an AFSCME affiliate and is also affiliated with NCSC, courtesy of the International. The group has 900 members and meets quarterly to have lunch, hear a speaker, and conduct business. Their primary purpose is "to protect members from anything detrimental to their retirement benefits." They have little contact or sense of common concern with other retiree groups.

4. Getting Support From Locals and Internationals in New York

Of the many unions that have retirees now living in Florida, only two have paid staff and offices to serve them: New York's District Council 37 of AFSCME and the ILGWU. The AFSCME representative provides information on benefits for the 12,000 AFSCME retirees from New York who have settled in the Miami area and the 4,000-5,000 "snow birds" who come to Florida in the fall. The office is funded under the District Council 37 trust fund which provides benefits for retirees including pension, medical, dental, drug and optical components. The office also provides legal services for the retirees such as help with wills and real estate closings. The entire office sees 35-45 retirees a day depending on the season.

The local ILGWU retiree director, whose office is supported by the International in New York, has a social orientation to her work with the approximately 7,000 retirees who have settled in Florida. She tries to stay in touch with as many as possible. The approach to the frail elderly is through the "Friendly Visitor Program." Under this program retirees are trained and visit up to 30 per month of the less mobile retirees to talk with them and listen to their problems. There are currently 12 visitors, seven men and five women. They complete basic information cards on each visit so that referrals can be made as needed. The Friendly Visitors are well briefed on union benefits and union resources and can explain them to the people they visit. Apart from the listening aspect of the visit, the visitors check on the food situation, the medications that are being taken, and the general psychological well being of the people. The office tries to have everyone called on at least once a year.

ILGWU retirees are organized into 14 groups. Most groups meet monthly, except in the summer, with an average of 50-60 retirees attending the meetings. The clubs help the ILGWU stimulate political involvement by having the retirees write post cards and letters and participate in rallies.

5. A New York Construction Local Retiree Club

The retired electrical workers club from Local 3, IBEW is an example of a large northern construction and factory local which has made a major effort to organize retiree clubs among its Florida members. Of the 13 chapters in its entire retiree association, three are in Florida, including one in Broward County. The Broward Chapter has 183 members but the membership is reportedly declining with no new members coming down from New York. The emphasis of the club is on social rather than educational or political activities. As one of the club leaders noted, "The wives of the retirees play a key role in organizing the monthly meetings," so it is not surprising that of the 70 participants at a recent meeting about two thirds were women. The leadership of Local 3 in New York visits the Florida retirees every two years for a gala dinner party. The last affair attracted about 1000 retirees. The Chapter has a women's auxiliary which stays in touch with sick members and participates actively at the regular meetings. The club had an observer at the reorganization meeting of the Florida State Council (NCSC) but has not yet affiliated.

6. Problems of Organization

It has proven difficult to organize a strong network of union retiree clubs in the Miami area. Despite the emergence of a potentially strong state organization embodied in the Florida State Council, many retiree clubs are often quite isolated from one another and appear to need a strong outside force or personality to bring them together. The ACTWU club knew of no recent contact with ILGWU retirees although their ethnic, geographic, and occupational backgrounds are quite similar. The retired IBEW workers from New York feel they have little in common with the retired Florida IBEW workers. Separate local retiree groups within the UFCW and CWA represent additional examples of the lack of contact within the same International. Part of the reason that union retirees don't seek a very active heterogeneous retiree organization is undoubtedly the major role played by the local condominium community in providing a number of activities as well as a social outlet. Secondly, transportation to club events is a major problem for those without cars. Apart from a major program such as the very successful "Jobs for Justice" campaign, there have been few local events which bring out large numbers of union retirees.

IV. COMMUNITY PROGRAMS AND SERVICES

How do public and private organizations provide for the needs of the elderly; what services are provided; how are they funded; and how adequate is the system? In this section we answer these questions for Dade and Broward Counties, separately. Each County has a network of service providers with little overlap across the two Counties.

A. Dade County

1. Multi-Service Funding Sources and Agencies

The consensus of a number of service providers and an official study (Dluhy and Krebs, 1987) is that services in Dade County are badly fragmented in terms of planning, budgeting, delivery, and monitoring. This problem apparently has its roots in the organization created by the State. At the local level throughout Florida is the potential for overlap among lead agencies: the Area Agency on Aging; the State funded Community Care for the Elderly (CCE); and the District Offices of the Department of Health and Rehabilitative Services. As one leading health care professional put it, "The present system is exceedingly complex and consists of a broad array of federal, state, local, not-for-profit, and private for-profit programs and agencies. It is doubtful if the average consumer knows where to go, whom to ask, and whom to trust." It was felt by other professionals that Florida was "a cheap state" which was not spending very much on its elderly. In the past Dade County has picked up much of the State and Federal cuts but cannot do this any longer due to budget problems.

a. Area Agency on Aging

As in most communities the main focal point for the provi~~ders of~~ services to the elderly is the Area Agency on Aging. The position of the Dade County Area on Aging (AAA) may be unique in the country in that it is directed by the United Way of Dade County and has office space in its building. The United Way administers the AAA for Dade and Monroe Counties under the authority of the State Department of Health and Rehabilitative Services. The function of the Area Agency on Aging is to act in a coordinating role in the aging network and to facilitate the delivery of services to the 380,000 elderly residents of Dade County. Its mission includes advocacy, improvement of services, and effective allocation of funds.

The policy making body of the AAA, the AAA Committee, is a cross section of the community "including older citizens, geriatric specialists, business leaders and interested citizens." (United Way of Dade County, AAA for Dade and Monroe Counties, 1987). The chairperson of this committee must be a member of the United Way Board. In addition, under the Older Americans Act, the AAA is required to have an Advisory Council. This general advisory body has 20 members including several from the Florida State Council of the National Council of Senior Citizens. One specific advisory group, the Advisory Committee, is chaired by a local leader of the Gray Panthers and has several NCSC activists among its membership.

The Dade County AAA has two prime government funding sources in addition to the United Way: the federal Older Americans Act and the Florida Community Care for the Elderly (CCE) Act. Under the Older Americans Act there are two sections that provide funding for the AAA: Title III B, supportive and social services, and Title III C, nutrition services. The following areas are covered under Title III B:

- Adult Day Care
- Chore Services
- Companionship
- Counseling
- Education
- Escort Services
- Health Support
- Home Health Aide
- Homemaker Services
- Information and Referral
- Legal Services
- Recreation
- Shopping Assistance
- Telephone Reassurance
- Transportation

There are 23 organizations which administer the programs funded. The AAA administers only the information and referral service which is the first contact point for seniors with the system. Individuals call the AAA and receive information on specific programs and services and/or are referred to specific service providers. In the first six months of 1987, 2,200 seniors were referred to various provider agencies through this program.

With regard to nutrition services supported under Title III C, there are ten nutrition projects with congregate meal sites in Dade County serving approximately 1.5 million meals at some sixty locations. Nine nutrition projects received funding for home-delivered meals, delivering over 400,000 meals in 1986.

b. Community Care for the Elderly

The Community Care for the Elderly Act program of the State is designed for functionally impaired older people. The concept behind the legislation is to delay premature institutionalization of the frail elderly by providing the necessary services to allow them to maintain an acceptable quality of life in their homes. The AAA plans for and funds the lead agencies which provide the CCE services in Dade County, in the following areas:

- Adult Day Care
- Case Management
- Chore Services
- Emergency Response
- Home-Delivered Meals
- Home Health Aide
- Homemaker Services
- Personal Care
- Respite Care

As stated earlier, one problem in the County is the potential for overlap and duplication of services among service providers supported by the AAA and/or CCE. There are multiple providers for a large number of services, including: Outreach (14 providers), Transportation (11 providers), Congregate Meals (11 providers), Nutrition Education (10 providers), and Home Delivered Meals (8 providers).

2. Service Providers

Within Dade County there are a large number of organizations and agencies which provide services to the elderly. The United Way - Area Agency on Aging Senior Pages 1987 lists over 100 agencies that offer a wide range of services to the senior population in the County. Some of these agencies are highlighted below.

a. Elderly Services Division

One of the largest public agencies with direct responsibility for providing services to seniors is the Elderly Services Division (ESD) of the Department of Human Resources of Metropolitan Dade County. ESD provides Homemaker Services to 1,800 clients per month; sponsors two Senior Centers which serve 300 individuals daily; operates four Adult Day Care facilities which handle over 200 clients per day; provides Transportation Services to almost 500 people per day; and operates a Case Management Program serving 2,000 clients. Of the clients handled by ESD, 70-75% are Hispanic, and the remainder are principally black.

b. Community Action Agency

The Community Action Agency (CAA) is a multipurpose agency providing services to seniors. The agency operates nine centers in the Miami area. CAA provides the following services: transportation, information and referral, congregate meals, nutrition education, home delivered meals, senior companions, and outreach. Its largest program is congregate meals, which provided over 200,000 meals in 1986.

c. United Home Care Services

United Home Care Services is one of the major non-profit organizations providing home care services in Dade County. The objective of the agency is to enable the elderly, terminally ill, disabled, and low income individuals to attain and/or maintain the highest possible level of self sufficiency in their own homes through the provision of home care services.

The annual budget of the agency is $5 million which is used to provide services to 3,500 clients a month. This agency serves as a last resort for many of its clients, 86% of whom are below the poverty level. United Home Care Services provides the following services: case management, homemaker care, home health aide, companionship, chore services, respite services, adult day care, meals, and information and referral.

United Community Care a project of United Home Care Services, is funded under the Community Care for the Elderly Act with United Way matching funds. As described by United Home Care Services, the project "provides for the creation of a network of services which represent a continuum of care for the client who has been identified and entered in the system."

As the lead agency for CCE funds in the county, United Community Care is responsible for:

- Allocating CCE funds to provider agencies in accordance with the Area Plan approved by the Area Agency on Aging;
- Subcontracting with provider agencies;
- Providing the single entry point for clients into the CCE system.
- Monitoring the providers programmatically and fiscally throughout the CCE grant period;
- Performing the case management for all clients receiving services via the CCE system; and
- Coordinating the CCE Service Delivery System.

d. Jewish Community Centers of Greater Miami (JCC)

The Jewish Community Center (JCC) program is primarily for economically disadvantaged seniors. It provides food services, transportation, care for the homebound, senior centers, and day care service to 2,500 people over 60. Five percent of the clientele is Hispanic, the remainder predominantly Jewish.

There are three senior centers run by the JCC which serve 2,000 individuals. The activities at these centers include health programs, day care, education, and travel. The frail elderly are brought to the day care facility by the JCC transportation service. The JCC provides two meals, recreational therapy, and various activities and services throughout the day. The facilities serve as respite centers for this group of clients whose average age is about 88.

Most public programs "on the beach" (in the Miami Beach area) are administered by the JCC Centers. This is not surprising since the large majority of the people in that area are Jewish seniors and the area was once 98% Jewish. The JCC program, however, serves all seniors regardless of race or ethnicity.

Related to the JCC organizationally is the Jewish Vocational Service (JVS) whose projects include food distribution, recreation, education, and counseling. The JVS has 9 Kosher meal sites in Dade County and serves about 2,500 meals daily at these congregate facilities. It serves an additional 1,500 meals to the homebound. An indication of the age trend is that the number of people who utilize the congregate food facilities is declining while the number who need food delivered to their homes is rising.

e. Little Havana Activities Center

Much of the elderly population of the Hispanic Community is served by an organization known as "Little Havana". It has a network of eleven centers which provide health support, education, information and referral, outreach services, counseling, transportation, recreational activities, companionship, and telephone reassurance. The organization also provides hot meals at congregate sites and has a home meal delivery program. In 1986, Little Havana provided almost 400,000 congregate meals for 8,500 individuals and almost 200,000 rides for about 3,000 individuals.

3. Programs and Services

As described above, there are numerous providers of services to the elderly in the Miami area and a great deal of overlap in the programs and services that are available to seniors. A description of a number of these programs is provided below. Because of the overlap of services among different providers, the descriptions are general, giving a flavor of what is available to the elderly in the area.

Multipurpose Senior Centers are neighborhood facilities which offer recreational, educational, health, social, and transportation services. Congregate and home delivered meals also are provided by a number of centers. The United Way lists almost 40 Senior Centers in Dade County.

Congregate Meal Programs are for those elderly who cannot afford to eat adequately, who lack the necessary skills to prepare well-balanced meals, or who have limited mobility either to shop or cook for themselves. Over 50 congregate meal sites are listed in Senior Pages 1987. Many of these sites also offer home delivered meals to those elderly who are unable to get to a congregate meal site.

Adult Congregate Living Facilities (ACLF) provide room and board, as well as personal services, for persons who do not require bedcare and who would benefit from being in a group setting. Unlike nursing homes they do not provide nursing or medical services. Senior Pages 1987 lists over 275 ACLF's which are fully licensed by the Florida Department of Health and Rehabilitative Services and inspected by the Long-Term Care Ombudsman Committee.

Transportation services for seniors include reduced fares, half-fare cards, and a number of special transportation services. A number of organizations provide transportation services for senior citizens to medical appointments, senior centers, banks, and shopping. The largest provider of transportation is Special Transportation Service (STS) of Dade County. STS provides "curb to curb transportation county wide for medical, grocery, business, recreational, and other purposes." All elderly are eligible with fees ranging from $2.50 to $5.50 depending on distance.

Case Management programs combine outreach with information and referral. Case workers seek out isolated elderly, assess their needs and make referrals to provider agencies. As one program manager suggested, however, "many of the poor frail elderly fall between the cracks." Because of the overlap in the providers of this service, there has been an attempt in the County to establish a clearinghouse consortium.

Homecare refers to the combination of services offered to frail, impaired, and homebound elderly which help them to be self-sufficient. As one program operator stated, "The program strives to offer an alternative to prolonged hospital stays and to premature and unnecessary institutionalization." Homecare services include: homemaker services of light housekeeping, limited meal preparation, and shopping assistance; chore services including heavy duty housework, yard work, and home repairs; and home health aide services which include limited medical care under the supervision of a health professional and enables patients to be treated by physicians as outpatients rather than in hospitals or nursing homes.

Adult Day Care facilities offer a wide array of services to frail elderly while providing relief to the primary caregiver at home. Services usually include health support, personal care, counseling, transportation, meals, and arts and crafts.

Other programs and services in the county include: senior volunteer programs, educational programs, employment services, and legal services.

B. Broward County

1. Area Agency on Aging

The Area Agency on Aging (AAA) is the focal point of assistance to seniors in Broward County and serves over 351,000 of the County's elderly. The AAA plans, coordinates, funds, and evaluates programs. It is the prime advocate for County residents 60 and older. The major funding sources for the AAA are the federal government under the Older Americans Act, and the state government under the Community Care for the Elderly legislation. There are also matching grants from local communities. However, unlike the Dade County AAA, the Broward AAA is not a United Way Agency and does not get any funds from that source. As a result, fund raising from the community is apparently a major activity. Federal and state funding is supplemented by raising 10% of project funds from local sources as matching grants for most programs. Each city or town served contributes 2/3 of the match, and the county the final third. The biggest problem faced by the AAA is reported to be lack of funds. As one leading professional phrased it, "The many people who move to the county feel no specific loyalty to it and are not ready to contribute time or money." It is important to note that the major income sources for Broward are tourism, citrus crops, and pension checks. Apparently the large retiree population is not given major attention in allocating funds for County programs and services.

2. Programs and Services

The Broward County AAA, in its 1988 brochure, lists and describes the programs and services for seniors that are available through a diverse set of service providers.

Senior Connection is an information and referral program designed to provide a "single point of access" for people to receive information and assistance related to services for the aging. The program is administered by the Community Service Council of Broward County.

The Central Service Center program offers senior day care, homemaker, outreach, counseling, health support, and information and referral services to residents in the central area of the County. The Center is administered by the Ft. Lauderdale Housing Authority.

Counseling for Guardianship is a program of the Broward County Government which provides individual counseling, assessment, and assistance to determine if clients are capable of handling matters of their person or property. A primary goal is the prevention of victimization, abuse, and neglect of elders.

Senior Day Care Centers provide facility based programs for frail elderly who reside at home, but are able to travel to other locales. In addition to four focal point centers (discussed later) there are five day care centers which provide services designed to meet the needs of the client group.

Alzheimer In-Home Respite is a program administered by the Jewish Federation of South Broward which provides relief for the primary caregivers for Alzheimer patients. Home Health Aides go to the home for several hours to allow caregivers time away from supervisory responsibilities.

Home Touch provides carpentry, plumbing, and electrical repairs necessary to preserve health and safety in the home. Low income applicants receive priority under the program which is administered by the Minority Builders Coalition.

Homemakers Services include light housekeeping, limited meal preparation, laundry, and shopping assistance for functionally impaired elders. The program is administered by the Visiting Nurse Association.

The Nutrition Program is carried out at 45 locations in the County. The program provides hot, well balanced meals Monday through Friday, Those who are incapacitated have their meals delivered directly to their homes. Kosher meals also are made available. Nutrition education is part of the program which is administered by the Human Services Network.

The Outreach Program seeks out target group elderly by making a one-to-one contact, identifying individual needs, and encouraging use of available resources. The program is administered by the Human Services Network.

Senior Aides is a program that provides part-time employment for persons 55 years of age and older whose total income is $6,800 per year or less if single, and $9,200 or less per couple. In addition, the project encompasses a Senior Employment Opportunities Program (SEOP) which helps to find jobs for elders whose incomes exceed Senior Aides' Guidelines. The program is administered by the Service Agency for Senior Citizens.

The Senior Citizen Law Project offers advice and legal aid to Broward residents over 60 years of age. This service also provides information concerning the legal rights of senior citizens. The Project is administered by the Legal Aid Service of Broward County.

Transportation services are provided by Senior Centers and by the Broward County Government. Transportation is provided to Senior Centers, nutrition sites, and health facilities.

Four Focal Point Senior Centers are central points in Broward County for providing services funded by the federal and state governments through the AAA. These carefully located institutions are designed to provide a number of coordinated services to seniors all across the County. The functions of these four multi-purpose centers include providing meal service, recreation, transportation, education classes, health screening, information, referral, and counseling. The Northeast Focal Point Center, which is fairly typical, provides about 150 meals a day. Three of the Centers offer an Alzheimers Day Care Program and one has an Intergenerational Child Care Center for grandchildren and seniors.

Information and referral is an important part of the responsibilities of the Focal Point Centers. One of the larger centers responds to 5,700 calls a year and handles about 2,000 intakes. Most of the calls and intakes are referred to agencies outside the Centers. The Centers also provide an opportunity for trained social workers to deal with groups of clients with particular problems. A lot of specialized attention is given to Alzheimer patients and care givers. The social worker tries to enhance the life of the patient and provide respite and therapy for the family. There are a number of other therapy groups including a reminiscence group, a widowed person's group, a stroke recovery group, and a Parkinson's disease group.

Center participants are very health conscious and there are a number of activities designed with this in mind. Health programs include: health screenings, shots, health education, health referrals, hearing tests, cataract screening, podiatrist services, chiropractor services, and aid with diabetic problems. A full time registered nurse at each center administers these programs with help from assistants and volunteers. Recreational programs are as important as health programs to the participants. Recreational activities include arts and crafts, bridge, dancing, and exercise classes.

C. Quality of Life Programs in the Miami Area

1. Condominium Communities

To get a fuller perspective of the leisure time activities of many Broward County seniors, one must look at some of the condominium communities. It is not uncommon for a large condominium complex to have over 5,000 occupants. Some developers have constructed several communities with a total combined population of over 15,000. The choice of condominium complex is often determined by ethnic identity and income. The inhabitants appear to enjoy their surroundings. As one contented owner put it, "The community offers a way of life." There are a very wide variety of activities from golf, tennis, swimming and shuffleboard to educational classes, films, talks, and theater. The number and quality of activities are often influenced by the size of the complex and its degree of affluence.

The large number of condominium communities have influenced many of the commercial patterns of Broward. For example, the stores and restaurants of the towns and cities near the "condos" often adapt their marketing approach to the high density of seniors nearby. Many restaurants feature "early-bird specials" on a daily basis to attract retirees.

Condominium communities by their very nature encourage group participation since they usually have their own Board of Directors and can hire and fire the management. The owners may join any of a number of committees which help manage the community and determine its activities. From a social point of view the communities provide ready companionship and support systems for the seniors who are living away from friends, neighbors, and relatives with whom they grew up. On the negative side there is little privacy outside of the senior's living quarters. The poor transportation system makes the seniors rely on cars, friends with cars, or courtesy buses provided by the condominium community for local shopping.

2. Miami Beach Recreation Department

Of the various public programs designed particularly for the elderly, those of the Miami Beach Recreation Department have probably received the most publicity. As a resort area, it is not surprising to find a number of swimming pools, golf courses, beaches, and a social atmosphere. What is surprising is the number of, and participation in, activities for the "real old timers" who still live in the Beach area.

There are five community centers operated from a central office that primarily serve the seniors living in the Miami Beach area. The director of that office sees the goal of her programs "to be a bulwark against loneliness." This group of elderly is predominantly older Jewish seniors, many in their eighties, whom the professionals describe as "often depressed and lonely." The community centers were described as "their second homes."

The increasing amount of crime in the Beach area has led to more social isolation. According to the Recreation Department supervisor, "Many of these people don't have phones and are withdrawn. Some are afraid of people. The Recreation Department can only help those who will come out." In the winter the centers attract 400 people per night to their Sunday dances, over half of whom are widows. There are 26 programs that take place during a normal week including films, dances, vaudeville shows, concerts, and classes covering such subjects as yoga, ceramics, watercolor, and English-as-a-second-language.

There is a nominal charge of $5 per year for a pass to events, with 5,000 sold annually. Individual admissions are sold for $1. The Sunday night dances have attracted national TV coverage around the theme of putting life and happiness into the lives of older people. The long history of this program and the deep interest on the part of the entertainment community has resulted in low cost or free performers, which in turn has led to the accumulation of a large talent bank of performers who could be used by other senior groups in the greater Miami area. The Recreation Department has a list of 600 performers that it would be quite willing to share with other retiree organizations.

The negative aspect of the program is the financial pressure from the City to cut back on programs. At one time there was a staff of 20 for the Centers; now there are only six. An attempt to cut back on the live bands produced a march on City Hall.

3. Education Programs

Another component of leisure time activities is educational programs. The Center on Aging of Florida International University operates an Elders Institute. The Institute provides a variety of daytime, non-credit courses specially designed for interested seniors. The subject areas include the humanities, international relations, investments/economics, psychology, personal growth, religion, social issues/public policy, and wellness. The cost for the courses which range from four to ten sessions, ranges from $24 to $44. The program is for older adult learners and is "designed to meet their interests and needs, to satisfy their thirst for knowledge, their desire for intellectual and emotional growth, and their wish to meet other interesting people like themselves."

V. ADVOCACY ORGANIZATIONS AND ACTIVITIES

The prime advocacy organization for consumers and for the elderly in Southern Florida is the Florida Consumers Federation which is located in West Palm Beach. The organization has a reputation for being dynamic, involved, and responsive to the needs of organized labor as well as of senior groups. The Federation is a coalition of 160 organizations throughout the State and has a paid Executive Director to lead its programs, activities and lobbying efforts. It has sponsored speakers for retiree clubs on such issues as pending health care legislation, and it has closely monitored developments in the health care field at the State Legislature.

A more local retiree council with a volunteer grass roots orientation to its advocacy efforts is the Dade County Council of Senior Citizens. This is an umbrella organization bringing together the presidents of senior citizen groups in Dade County. Meetings average 25 participants and the group represents about 3,000 members in the county. The average age of the retirees and their officers was reported to be 78. The Council is very issue oriented with discussions at their meetings focusing on the state budget for elderly care, the relationship between the Area Agency on Aging and the United Way, health care issues and petition drives. The majority of groups represented appear to be from condo communities. While there are active unionists among the club members and their officers, the group does not have a special orientation toward labor issues.

Another active local group is the Gray Panthers of South Dade. This small group is one of more than 100 networks in the United States. Its major purpose is to bring together people of all ages to work against "attitudes and actions that discriminate against persons on the basis of their age." The organization publishes a brief monthly newsletter that publicizes upcoming events, pending legislation and "calls for action." The agenda of the Dade Group includes not only senior issues, but also addresses such global questions as Star Wars and U.S. Policy in Central America. The "convenor" of the Gray Panthers of South Dade is also chair of the Advocacy Committee of the Area Agency on Aging.

VI. UNMET NEEDS AND CONCERNS

There appears to be a strong feeling among Miami area professional health workers and concerned seniors that there are serious problems affecting the care of the elderly and that the situation shows little sign of improving, particularly in Dade County. As noted earlier in the discussion of providers there is a good deal of duplication of services, yet many people seem "to fall between the cracks." There is general consensus that major problem areas are inadequate income, lack of decent housing, a poor transportation network, social isolation, poor health and a lack of knowledge of available services. The problems faced by Broward County seniors did not appear as critical or to affect as large a percent of the senior population as in Dade. Undoubtedly this is due in large measure to the higher income levels and the significantly fewer numbers of poor immigrants in Broward County.

A solid basis for examining the needs of the elderly population in both Counties is provided by recent needs assessments undertaken by the Area Agency on Aging in each County (Area Agency on Aging of Broward County, 1985; Area Agency on Aging for Dade and Monroe Counties, 1987). The information presented in the studies was generally borne out by the discussions held with professionals and senior activists though there were some differences of emphasis (e.g. transportation was viewed as a much more serious problem in Broward than was indicated in the Broward study).

Seniors in Dade identified poor health, fear of crime, money to live on, transportation, and loneliness as their most serious problems. In Broward, the most serious problems are fear of crime, poor health, enough money to live, and loneliness. While the data in the two studies are not directly comparable, it appears that similar concerns are present though in different degrees.

A. Housing

The quality of housing for the poor elderly in both Broward and Dade Counties was reported to be quite poor. There is a lack of available housing and a feeling that applications for public housing are not always processed honestly. Some of the existing housing is in bad condition. In Dade it was estimated that there are 8,000-11,000 people on the waiting lists for decent housing. There are some empty apartments, but they are in very undesirable neighborhoods. A key element in the housing situation is ethnicity, with each of the major Spanish, Black and Jewish groups tending to congregate in specific neighborhoods. The needs assessment found that 15-20% of the seniors needed help with their housing situation in Dade County.

B. Transportation

The public transportation system for both Broward and Dade was termed "desperate" by one professional, with Broward being worse than Dade. A coordinator of retiree programs felt that she "could triple attendance at meetings with a better transportation network - the current system is totally inadequate." One problem is that transportation services do not cross county lines. The older population has to rely heavily on cars to get around. However, in Dade County one-third of the seniors do not have cars, and two in ten experience difficulty getting places. In Broward, just under one-fifth of the seniors reported that getting places was a problem for them. Part of the problem is that many seniors do not live close to the bus routes and are not able to walk long distances. There is a clear need to improve the transportation services for the elderly in the Miami area.

C. Social Isolation

According to the needs assessments, over one-third of the elderly in Dade and about one-third in Broward considered social isolation a major problem. The transportation problems and the fact that over half of those over 60 have lived in Miami less than 20 years are contributing factors to the problem of loneliness. Another aspect is the large number who live alone and feel unsafe in their own neighborhoods.

D. Health

There was a generally negative appraisal of the health care available to the elderly in both Counties. It was noted that many seniors have nothing in the way of coverage beyond Medicare. In Dade County one-fourth receive Medicaid. Some of the Health Maintenance Organizations (HMO's) that have been established to deal primarily with the elderly are now oversold and as a benefits advisor reported, "are not operating efficiently." One recently "caved in." The HMO image in Dade is not a particularly good one, though that does not appear to be the case in Broward. Looking at the usual fee-for-service approach, several professionals asserted that the doctors in the Miami area are among the highest paid per capita in the country. Another aspect of the problem was pointed out by a nurse who works primarily with the elderly, who noted that there was a serious lack of both doctors and dentists trained to deal with the problems of the elderly. This lack of training led to various insensitivity problems which could be avoided.

Long-term care is a particularly pressing need. As one administrator noted, "After older patients get out of the hospital they often do not need a nursing home, but there is inadequate care to maintain them at home." Florida was reported to be the lowest ranking state in the country in providing per capita social services. It is 37th among the states in providing nursing home beds.

E. Information

A major need is an understanding of the network of services available in both Counties and how to get into the system. Apparently community agencies do not have sufficient outreach to give the public an awareness of who they are, what they do, and their eligibility requirements. As the needs assessment of Dade County seniors suggests, "Research has shown that the use of services is contingent upon knowledge or recognition of these services." Given the problems and needs of the elderly population related to housing, transportation, isolation, and health there is a clear need to provide more and better information on programs and services for seniors in the Miami area.

VII. SUMMARY AND CONCLUSIONS

Southern Florida has perhaps two hundred thousand union retirees who have moved to the region to enjoy its lifestyle and climate. Many belong to small retiree clubs, but it is only within the last few months that an apparently successful effort has been undertaken to create a viable statewide chapter of the NCSC with potential for major activities and advocacy efforts. Despite the presence of a large number of retired union members there are no activities of benefit to seniors sponsored through the Southern Florida Labor Council of the AFL-CIO. The Labor Council could become a focal point for supporting union retiree programs by developing a separate function that is responsible for programs and advocacy for retirees. Support for such an effort could come from the United Way, as in other areas. Among the projects which could be sponsored are:

- Retirement planning for older workers and recent retirees.
- A volunteer resource bank for retirees and service providers. The labor agency could identify what talents are needed and those who would like to contribute their time. It could then refer the potential volunteers to the service providers.
- Counseling - long a staple of Community Service Committees and labor agencies of the AFL-CIO, counseling is a need of many retirees in the Miami area.
- Peer Counseling Programs - Organizations of seniors as well as local unions to be called upon to provide guidance and advice, which are often actually information and referral services. A regular program of training peer counselors in how to deal with common problems of the elderly would help seniors become aware of the resources of the community and how to enter the social services network. The Southeast Florida Center on Aging of Florida International University could provide a lot of the expertise needed.

Several major international unions have close ties with their Florida based retirees and have opened offices and provided staff to serve them. Unfortunately, many other Internationals have not been able to develop a systematic method of staying in touch with their retiree clubs. There are several approaches which might alleviate this problem:

- Developing an arrangement with the unions that do have staff to serve retirees in Florida.
- Arranging periodic visits, perhaps quarterly on scheduled dates, by staff from the International office.
- Scheduling monthly telephone conferences between staff at the International and the leaders of local retiree clubs.

There is broad agreement that many seniors do not know of many of the services and resources that the community has to offer. Further, if they are aware of a service they often do not know how to access the system or get in touch with a particular provider. Interested retirees could become information and referral specialists for their clubs or condominium communities if they were given adequate training. Since the United Way and the Area Agency on Aging are administratively combined in the Miami area, it should be possible to develop this type of training program at several sites. Further, these efforts could be facilitated by an information and referral guide for volunteers.

The "Drop-in Service Centers" of the UAW provide an excellent model for information and referral which other unions could follow. The International provides the space and the local retirees provide the volunteers to answer questions and give advice on benefit questions and other issues. The success of the program is due to the training which the volunteers receive and the support from the International.

The Miami area has become a home for large numbers of retired unionists from northern cities. Many have formed retiree clubs and maintained loyalty to their old unions. However, the clubs do not coordinate activities with each other, though they are now forming a state-wide advocacy organization. The union spirit of unity is lacking. Many retirees appear to have a lot of time on their hands which could be channelled to union activities, service to their fellow retirees, and service to the community. There is a need for a coordinated attempt at utilizing the vast human resource potential that the retirees represent.

It is difficult to know how well union retirees are living in relation to the other retirees and seniors in Dade and Broward counties. The majority of seniors appear happy with their life style although they are concerned about health costs, crime, inadequate income, and transportation. In general, those retirees living in Dade appear to have many more needs than those of Broward, which no doubt reflects income level and ethnicity. Service for seniors in both Counties were found wanting by the concerned professional providers, with Dade being more seriously in need of improved organization and funding than Broward. The existence of large condominium communities provides a focus of activities for many retirees. For many retirees the poor transportation network prevents their going places, and many of those who have cars will not drive at night. Program planners must take the transportation problem into consideration.

The unions are aware of their retirees in Southern Florida, but many lack the resources to serve them better. There is a need to build on existing union resources for retirees and achieve closer coordination with local union organizations. There is a great potential for activities and action on the part of union retirees. Through improved planning, communication, and coordination that potential can be realized.

APPENDICES

Appendix A

Organizations Contacted

ACTWU Retirees of Broward County
AFSCME, Retiree Benefits Office, DC37
Area Agency on Aging of Broward County
Area Agency on Aging for Dade and Monroe Counties
City of Miami Retired Employees Association Chapter 11, AFSCME
Coalition of Public Service Employees Organizations (Florida) Inc.
Dade County Council of Senior Citizens
Department of Recreation, City of Miami Beach
Elderly Services Division, Department of Human Resources, Metropolitan Dade County
Florida State Council of Carpenters
Florida Consumers Federation, Inc.
Florida State Council, NCSC
Gray Panthers of South Dade
Greater Miami Jewish Federation, Information and Referral Service
Jewish Vocational Service
Local 675, IUOE
Local 702, IAM
Mid-Florida Retired Workers Council, (Florida, Region 8, UAW)
Northeast Focal Point Senior Center
Retired Carpenters of Broward County
Retired Carpenters of Dade County
Retiree Club, Local 1625, United Food and Commercial Workers (UFCW)
Retiree Service Department, ILGWU
Southeast Florida Center on Aging, Florida International University
South Florida Chapter, Local 3 Retirees, IBEW
Sunrise Lakes, Phase III (Condominium Community)
United Community Care
United Home Care Services

Appendix B

Broward and Dade County Selected Reference Materials

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PROGRAMS AND SERVICES FOR UNION RETIREES AND OLDER ADULTS: A COMMUNITY STUDY OF MINNEAPOLIS AND ST. PAUL, MINNESOTA

Ivan Charner

C

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I. INTRODUCTION

> What is remarkable is that Minneapolis (and St. Paul) is a community. It is a community of people who are connected to one another, who place peer pressure on one another, who remember for fifty or one hundred years who has been helpful in the past and who has not. ...On the whole, it succeeds not by diminishing, but by creating a balanced environment in which entrepreneurs can build and create visions. Their individual energies are balanced by a network of concerned peers, with an interest for the long run health of the community. (The M-Form Society, by William Ouchi, 1984:195)

This sense of community and concern for its long run health clearly benefits the older population in the Twin Cities. There is a wide array of programs and services which, while focusing on the most needy in the older population, extends to all members of the older adult community. Programs and services range from an annual lifestyle exposition for older adults to seminars on housing facilities, senior centers, nursing homes, day care facilities, and an extensive network of information and referral. There are many service providers including unions, corporations, government agencies, private organizations, public institutions, and foundations which often work together to offer a comprehensive set of services for older adults.

II. COMMUNITY PROFILE

A. Overview

The Twin Cities of Minneapolis and St. Paul are by any measure successful cities due to a combination of a diversified economy, civic minded businesses, forward-looking public officials, and a strong tax base. Recent studies have described the Twin Cities as fiscally and physically healthy stemming from the fact that it is a community of people connected through a web of relationships. The business, political, civic, and other sectors are brought together in a mosaic of committees, councils, and citizens groups.

These elements combine to make the Twin Cities a good place for retirees and older adults. There is a broad spectrum of services for older adults including public housing, health care, retiree groups, elder care facilities, and foundations and organizations which provide direct services to older adults.

B. Economic Characteristics

Minneapolis and St. Paul are thriving cities comprised of manufacturing, agribusiness, and high technology companies. Entrepreneurs and small businesses are being cultivated and the Twin Cities can be characterized as white collar towns. Throughout its history the Twin Cities have succeeded in developing new businesses and industries. The area is a national center for high technology manufacturing and corporate headquarters. Of the five top computer manufacturers, four have either their corporate headquarters or very large facilities in the area. In addition, there are over 100 electronics-related businesses based in the Twin Cities and St. Paul is the State Capitol. The strong economic base is coupled with a strong labor movement.

Despite the state's fiscal conservativeness, there has been a willingness to support spending for education, environmental concerns, and social programs. The state considers its strong education system a key element in its past economic success. There is a long history of corporate giving and involvement. In 1981, 62 Twin Cities' companies gave five percent of their pretax profits. Corporate giving is 50 percent above the national average and involves small as well as large businesses. Overall, almost half of corporate giving goes to health and welfare programs. In the Twin Cities there is a belief that each person benefits from a healthy community, and that community is sustained in large part through corporate giving.

The strength of the economy in the Twin Cities is based on a number of interrelated factors. First, there is a large base of innovative businesses that have a long history of corporate giving and working together on critical economic and social issues.

Second, the urban areas in Minneapolis and St. Paul have benefited from the joint efforts of large and small businesses which began working in the 1950's to reverse the trend of companies moving to the suburbs., The result has been major construction and development projects in each city which house offices, shops, and residences, with the principal office and shopping buildings connected by extensive skyway systems. Third, the businesses feature creative public service minded managers, skilled professionals, and a competent workforce. Finally, the area has a strong education system that is directly related to past and present economic development.

C. Population Characteristics

Of the two million people in the Twin Cities in 1980, over 188,000 were 60 years or older. This represents an increase of 15 percent in the period 1970 to 1980 and it is projected that there will be 250,000 elderly residents by the mid 1990's. The increase in the number of elderly, however, was not evenly distributed among age groups. The age group 65-71 increased by 15 percent while the group over 85 increased by a dramatic 57 percent. Fully, 98 percent of the older population in the two cities are white and women outnumber men by a ratio of 10:7. Although there are groups in the elderly population that are poor, "frail", and vulnerable, as a group the elderly in the Twin Cities are not economically disadvantaged. The elderly who are male, married, under age 75, or white have higher economic status than those who are unmarried, female, over 75 or non-white.

In general, the demographic characteristics of the elderly show that the population has been and is continuing to change. The number of elderly is increasing. The elderly population is also getting older, and are more likely to be female. In addition, this group will be more highly educated, have a higher economic status, and a better health status. All of these factors affect the needs and demands of the elderly population now and in the future.

III. UNION AND RETIREE CLUB PROGRAMS AND SERVICES

A. The Role of Organized Labor

There is a strong labor movement in the Twin Cities area with a large number of local unions, large and powerful State AFL-CIO Federation, and large Central Labor Councils. The Minnesota AFL-CIO (State Federation) has a retiree coordinator who is responsible for organizing and working with local union retiree groups .

The primary activity of the retiree coordinator is political and legislative. There are 27 union retiree clubs affiliated with the State Federation. Five of these clubs are central labor body club comprising retirees from multiple unions with the remainder single union retiree clubs. The retiree coordinator's activities, which are supported by the AFL-CIO Committee on Political Education, include organizing phone banks, developing legislative materials, and disseminating video tapes on critical political and service issues for the retiree clubs.

Within the State Federation the Office of Consumer Affairs also provides services to union retirees related to health care and health care delivery, insurance issues, credit and banking issues, and housing issues. While most of the consumer programs are not specifically aimed at retirees, many cut across age groups and directly impact seniors.

Central Labor Union Retirees is a retiree organization of the State Federation which was started in 1949. It is the political arm of the Central Labor Council for retirees and holds monthly meetings for its 300 members and provides support services related to housing, health care, and insurance. The group helps the Central

Labor Council in political and legislative issues, stuffing envelopes, and handling telephone banks. The organization sponsors social activities and political speakers and offers its own pre-retirement planning program. This program is a 6-8 week course followed by individual counseling. It has been run for individual unions as well as for any union member who are close to retirement age.

B. Retiree Clubs

1. Service Employees International Union (SEIU) Retiree Club

The SEIU retiree club has a membership of 50 retirees and has monthly meetings at the union hall. The club has committees to organize trips, dinners, and social activities but does little political work. The club receives support from the local and financial resources from the international and is affiliated with the National Council of Senior Citizens (NCSC). The club offers some assistance with retirement planning but does not have a formal program for workers prior to their retirement.

2. International Brotherhood of Electrical Workers (IBEW) Retiree Club

Many of the 500 members of the IBEW Retiree Club has low incomes and have been retired a long time. "The club's programs are built around the incomes of its members" with monthly meetings focusing on pension and health and welfare issues. The retiree club meets at the union hall prior to the local unions' meeting. While not able to vote at the general meeting many stay to participate in the discussions and to hear union, political and other views. Spouses of retirees can join the club as voting member and can hold elected office. The club is affiliated with NCSC and has committees on by-laws, entertainment, and political action. The club sponsors an annual Christmas party and summer picnic, which brings out 150-200 retirees. There are no dues to join the club but contributions are solicited at each meeting. The club has taken the lead in trying to organize other retiree clubs in the area and views its primary job as "helping each other; personally, politically, and socially." The local union handles all mailings for the club and sponsors a pre-retirement planning seminar for workers and their spouses. The retiree club has its own political fund but few of the members get involved in political or legislative issues except those that directly affect them. The club has developed links with the community and a number of members are active in volunteer and service programs.

3. Communication Workers of America (CWA) Retiree Club

The CWA Retiree Club has 125 members and meets seven times a year. The local union provides financial support and services to the club. The club sponsors an annual Christmas party and Spring Fling at the union offices. Meetings include social activities and informational presentations on medical benefits, health issues, society concerns, legal issues, and social security benefits. The club sponsors bus tours and has a "let's stay in touch" committee that visits and calls members who cannot attend meetings. Prior to retiring, workers can participate in a pre-retirement planning program offered by the company, which only covers benefits. Many of the clubs members participate in retirement planning programs offered through the Labor Education Program at the University of Minnesota. CWA retirees carry over almost all of their benefits (except vision care) into retirement. The retiree club work with the local union on political and legislative issues and on telephone banks during elections. The club is very active with half of its members participating in most activities.

4. Minnesota Retired State Employees Retiree Club

The Minnesota Retired State Employees retiree club has over 5,000 members. The club affiliated with the American Federation of State, County, and Municipal Employees (AFSCME) in 1979. It has a formal structure with a Board of Directors and four officers. Annual dues for membership are $7.50 and meetings are attended by 650 members. The club is very active politically with members attending state budget committee hearings and testifying on behalf of AFSCME retirees and retirees generally. The club works closely with other public sector retiree groups on the state, and with the national retiree organization of AFSCME. The club is part of the Minnesota Senior Federation and uses the Federation services for social, cultural, and travel activities. The club has worked very hard on political issues including taxation of retiree benefits, post-retirement investment fund (pension) for public employees, and state paid health insurance for public retirees, The president of the club participates in AFSCME's annual convention where retirees have both a voice and a vote. The club publishes a quarterly newsletter which covers political, legislative, and other issues of interest to state retirees.

IV. COMMUNITY PROGRAMS AND SERVICES

Retirees in the Twin Cities have a large variety of programs and services available to them. While many are targeted to specific subgroups, especially the low income elderly, there are programs and services for almost any retiree. Programs and services which receive public support are aimed at the poor or frail elderly. As the State Commissioner of Human Services suggested, "our client group are those older Minnesotans who are in trouble in some respect."

Minnesota has done pretty well in providing resources to its older population. In the early 1980's they had a high rate of institutionalization of the elderly. Through a number of policy and program shifts they have moved to a system that provides services at home. Most services are aimed at developing a high degree of self sufficiency on the part of older adults, while not neglecting those that require institutional supports. This system has not only benefited the state, through savings in program support, but it has allowed older adults to maintain their independence and self respect. This change in focus has been a result of a system of alternative care grants and a focus on personal attendant help. Funding goes through the counties which, in turn, make decisions on specific programs and services to support.

As the State Commissioner noted, "much of the success of our efforts on the part of the elderly are a result of a large group of good service providers and a very innovative foundation community." The picture which emerges is of a comprehensive set of programs and services for all elderly in the Twin Cities, many of these are described below.

A. Minnesota Board on Aging

The Minnesota Board on Aging is a state level policy group which identifies and examines the needs of the State's elderly and develops policy and program alternatives to meet these needs. The Board works with government departments at the State and County levels and with private organizations to find ways and means of developing action programs. The Board is one of the few policy making boards in the country. In 1986, the Board held 12 hearings across the state to identify needs and gaps. Based on these hearings it developed a Blueprint for Action which was implemented starting in 1988. The Board works with the state's 14 Area Agencies on Aging which receive and administer grants and plan and coordinate programs for older persons across the state.

The Blueprint for Action is based on the following common themes: 1) the high value older Minnesotans place on self-sufficiency and living independently; 2) the willingness of older persons to volunteer time and talent to help others in their community; 3) the frustration with quality, cost, and complications associated with health care, and 4) the recognition of the need for continued economic assistance for low income elderly.

Three broad policy directions were developed as part of the Blueprint, including older persons as a resource, independent living, and special needs. The focus of each is suggested by the examples outlined below.

Older Persons As Resources

- Volunteer Programs - Increase the opportunity for seniors to volunteer their services.
- Volunteer Skills - Increase the opportunity for seniors to provide technical, professional, business and leadership skills at the community level.
- Economic Development - Consider the economic development potential of retirement living industries in communities with a high proportion of elderly in the population.

Independent Living

- Transportation - Expansion of organized volunteer driver programs as a flexible, efficient cost effective way to address part of the transportation problems of the elderly.
- Housing - Increased focus on the modification of existing housing and development of new housing that reflects the changing needs and circumstances of the older population and the communities in which they live.
- Caregiver Support and Respite - Continue to promote and assist in the development of caregiver support and respite programs that enable the natural (i.e., family, friends, neighbors) support system to continue to promote the help and care needed by elderly experiencing difficulty living independently.
- Employment - Continue the development and promotion of employment opportunities for aging persons who do not desire retirement or who need to supplement retirement incomes.
- Public Assistance - Continue financial assistance and supplemental programs to assist older persons without sufficient resources to meet the costs of adequate standards of living, housing and/or medical care.
- Preventative Medicine - Increased emphasis on physical and mental health in the training or retraining of physicians and other health care professionals.

Special Needs

- Community-Based Services - Increased opportunities to expand the availability of community-based services to enhance the frail elderly's ability to continue independent living.

- Home Care Licensing - Quality assurance of in-home care services by establishing the Department of Health's responsibility for the licensing of agencies providing home health care.

- Nursing Home Moratorium - Continued emphasis on the development of community and home services so that the nursing home moratorium can continue.

- Home Delivered Meals - Appropriation of state funds for home delivered meals program to supplement current voluntary and federally funded efforts.

- Ombudsman Service - State appropriation and statutory authority to extend ombudsman services to respond to situations arising out of long term care in the home and acute care.

- Convalescent Care Services - Continued effort to develop quality/affordable coordinated community resources for continuing treatment in the home, convalescent care and restoration following hospital discharge (e.g. short term nursing care in the home or nursing home specialized therapies, home delivered meals, and transportation).

- Geriatric Specialists - Increased emphasis on geriatric specialization in the training or retraining or physicians and other health care professionals.

- Rights to Self Determination in Health Care - Support for legislation to help assure that patient's advance directives on both long term and acute health care preferences are followed.

B. United Way

The United Way serves a broad group of seniors in the Twin Cities. Priorities for funding are done every two years with funding decisions made by programs rather than agency. The United Way serves a population of 1.3 million in the Twin

Cities area and funded programs are of a very high quality. Programs are evaluated by volunteer panels which assess the following: who the program serves; how well the services are delivered; and how well the program is fiscally managed. United Way helps new programs get started and provides support for a 1-2 year trial period. United Way trains staff and helps operate these trial programs.

Services for Seniors, a booklet prepared by United Way's "First Call for Help" program provides a comprehensive description and location of programs in the area to assist the elderly. These programs include:

Community Focal Points
Transportation
Housing
Nutrition
Health Care
Hospice
Counseling/Mental Health
Adult Day Care
Nursing Homes
Homemakers Services
Leisure Time Opportunities
Financial Resources
Legal and Consumer Services

Services for Seniors and the First Call for Help provide valuable one-stop shopping for programs and services for the elderly in the area. First Call for Help handled over 150,000 calls in 1987. In addition, the United Way supports a unique program of community Focal Points. These Focal Points are neighborhood resource centers which have been established for seniors. These centers are places where older people may go or call for information on a variety of special services. In many cases the Focal Points also provide activities and meals for seniors.

C. Metropolitan Area Agency on Aging

The Metropolitan Area Agency on Aging (MAAA) is one of 14 Area Agencies on Aging in the state. The MAAA is a planning agency overseen by an Advisory Committee on Aging, and does not provide any direct services. The MAAA does service delivery studies on a county by county basis assessing resources, funding, use, and gaps.

A recent study of the service delivery system conducted by MAAA made a large number of recommendations for improving the organization, provision, and funding of services to the county's growing elderly population. It identified as major problems in the current service delivery system the following: 1) lack of an effective information network to let people know about services. 2) lack of adequate transportation for the elderly. 3) shrinking funds to provide services; and 4) lack of coordination leading to fragmented or inadequate services. The plan was adopted by the Advisory Committee on Aging and serves as a policy framework for services to older people in the county. The plan makes recommendations for improving the way three categories of basic services are organized, provided, and funded. The categories are: 1) "systems access" services that help older people find and use other services; 2) "physical access" services, i.e., transportation and escort to get to other services, shop and visit friends; and 3) services to meet specific needs, which include home-delivered meals, in-home supportive services, home maintenance, health education, adult day care and legal services.

It further recommends that the general access system have two parts: 1) a centralized, county-wide information and referral service, run by First Call for Help, to provide up-to-date, accurate information to the rest of the access system; and 2) a network of "community level sites" or senior centers, each serving a specific community area, to provide access services as well as other needed services such as social and recreational activities, congregate dining and health education. Each site would establish linkages with neighborhood high-rises, senior clubs and other senior programs. Finally, the plan recommends a more intensive type of access service -- "case management" -- be provided by several agencies on a multi-community basis.

In addition to planning and policy studies, the MAAA publishes a consumers' guide titled Services for Older People in the Twin Cities Metropolitan Area. The purpose of the guide is to help inform older citizens about their options to remain in their homes or another preferred setting, and as independent as possible. The guide covers the following:

"At Home" Service Options
Housing Alternatives
Help for the Caregiver
Professional Assessment

As part of its services, MAAA is responsible for administering federal Older American Act funds available for social services, senior centers, and congregate and home-delivered nutritional services. Specific services supported by the MAAA include:

- Outreach
- Information and referral
- Case management
- Transportation
- Home nursing
- Home health care
- Chore services
- Community-food and nutrition programs
- Congregate dining and home delivered meals
- Senior companion
- Legal assistance
- Housing assistance
- Adult day care
- Health screening
- Rehabilitation services
- Crisis intervention
- Ombudsman program
- Individual advocacy
- Newsletter

D. Ebenezer

Ebenezer is a private organization owned by 47 Lutheran congregations in the Twin Cities area which was founded in 1917 to make the lives of older people as independent, meaningful, and secure as possible. Ebenezer has three major program areas: community services, independent housing, and long-term health care. The services provided under each area include:

1. Community Services

- Homemaker/Home Health Aide: Trained personnel provide assistance with light housekeeping and person care, such bathing and meal preparation.

- Skilled Professional Services: Professionals in nursing, nutrition and rehabilitation monitor health status, administer medications and provide physical, occupational and speech therapy, and nutrition counseling in the home.

- Respite Aide: Qualified caregivers assume temporary responsibility for the care of a homebound elderly person, allowing the primary caregiver some time off.
- Family Consultation: Counseling services and planning assistance are provided for families faced with decisions regarding the care of their older relatives.
- Protective Services: Assistance is provided to older persons who have become physically or mentally unable to manage activities of daily living or their families affairs.
- Caregiver Support Program: Training and ongoing support groups are provided for the growing number of family members or friends who are caring for chronically ill or disabled older people in their own homes.
- Adult Daycare: Social and therapeutic activities are offered to increase the self-care and independence of older people who are physically or mentally impaired.

2. Independent Living

Ebenezer has housing options for older persons at virtually every economic level. Housing Management, part of the Ebenezer Company, which also provides development consulting and marketing services, manages 11 developments in Minnesota that range in size from 24 to 338 units. Eight buildings have rental units, two are resident-owned cooperatives, and one features condominiums. In all, Ebenezer manages 1,519 units.

Ebenezer's philosophy of management makes its housing unique. The majority of Ebenezer's housing managers have social service backgrounds as well as expertise in housing management. Each management team is committed to discovering and drawing on the residents' resources to promote individual well-being and a sense of community.

3. Long-Term Health Care

Four long-term health care facilities are owned or leased and operated by the Ebenezer Society. The mission of Ebenezer's long-term care is to provide a secure and highly supportive environment where older people can achieve their highest level of health and independence. Ebenezer provides every level of care required by its residents:

> Board and care: For older people who, with minimal assistance, are independent in the activities of daily living.
>
> Intermediate care: For those who need more assistance in completing the activities of daily living and who require simple nursing treatments.
>
> Skilled nursing care: For older people who need help with personal hygiene, dressing and eating, and who need nursing or medical management.
>
> Transitional care: For those who require an intense program of rehabilitation following a health crisis.

In addition to the services described above Ebenezer operates a transportation service and a Senior HMO. The transportation service provides specialized services for adult daycare, shopping, outings, special activities, and door-to-door medical needs. Ebenezer's wheelchair and ambulatory system is part of the area's Metro Mobility System which offers transportation services to seniors from 6 a.m. to 11 p.m. week-days and 8 a.m. to 11 p.m.

The Senior HMO is a partnership with Group Health, Inc. and offers comprehensive medical care coverage plus in-home services coverage for seniors.

The HMO currently has 25,001 members and is serving as a national model.

E. Amherst H. Wilder Foundation

The Wilder Foundation is a large private operating foundation providing health and social services to the greater St. Paul community. Started in 1906, Wilder provides direct services, management consultation, and participates in joint ventures to promote the social welfare of persons in the community. Wilder's Division of Services to the Elderly operates the following programs:

- Adult Daycare Centers: Located at three different sites in St. Paul, provide community based non-residential health and social services for disabled adults, primarily persons age 55 and over, who have physical or mental disabilities extensive enough to make it difficult for them to remain in their homes without some assistance.
- Senior Health Clinic: Provides comprehensive health services to people 60 years of age and older. Primary medical care pharmacy, and mental health services are provided by professional staff who are specifically trained in geriatric assessment and treatment. A senior dental program, a collaborative effort between the Wilder Foundation and the University of Minnesota School of Dentistry, provides up-to-date dental care to older people as well as specialized geriatric training for the dentists, who are post-doctoral fellows. A rehabilitation program provides physical and occupational therapy treatments that help older people maintain or regain the optimum level of functioning in activities of daily living.
- Home Health Agency: Provides home nursing, rehabilitative therapy, and personal care to elderly people so they are able to remain in their home environments. Services are provided by public health nurses, physical and occupational therapists, and home health aides. Personal care is also provided, such as bathing, dressing, and assisting with exercises.
- In-Home Services: Provides a comprehensive program of support services to elderly people in the community who wish to remain in their own homes but need some assistance. Homemakers provide light housekeeping tasks, such as cleaning, grocery shopping, laundry, and

meal preparation. Chore workers perform heavier tasks, such as house repairs, maintenance work, yard work, and snow shoveling.

- Senior Employment Program: Assists low-income older people in securing subsidized employment in local public agencies and non-profit organizations. Employment may include jobs such as teacher aides, nutrition site workers, visitors to shut-ins, and office workers. The program is funded primarily through the National Council of Senior Citizens with the foundation retaining local administrative sponsorship.

- Senior Citizens Center: Provides recreational, educational cultural, and health services to people 60 years of age and older. Activities include congregate dining, parties, card playing, exercise classes, and trips to local points of interest. Also offered are classes in humanities, dressmaking, foreign languages, creative writing, painting, and pottery. Ongoing health programs include physical fitness classes, blood pressure screenings, hearing tests, and special health programs.

- Transportation Services: Provides specialized transportation for elderly and handicapped people for whom other transportation methods are unavailable or inadequate. The program is the principal provider of transportation for persons attending the Foundation's adult day health centers.

- Health Care Center: Provides rehabilitative and preventive 24-hour skilled nursing care for 147 functionally disabled older persons who cannot stay at home or who prefer a more protected environment. the Center offers a total program of care for each resident based on an assessment of preferences, strengths, and needs.

- Residence West: Provides 125 comfortable private rooms, meals, housekeeping, health services, social services, and actually programs for elderly individuals who are able to take care of their personal needs.

- Residence East: A 108-room facility which provides a range of long-term care services to people of 60 years of age and older. Depending on individual needs, the facility provides board and care, intermediate nursing care, or skilled nursing care. It also operates a respite care program for people who need temporary short-term care.

In addition, Wilder publishes a monthly newspaper - Good Age - which is received by over 17,000 older residents in the area. It provides an independent and objective source of new and information about current events, social services, consumer and health issues, recreation, education, and senior issues.

F. Metropolitan Senior Federation

The Metropolitan Senior Federation (MSF) is an educational and advocacy membership organization for older people in the Twin Cities. MSF works to promote senior concerns, improve the quality and reduce the costs of services, and better inform people about the full range of activities, programs, and services available to seniors in the Twin Cities.

While MSF provides a number of direct services and operates a number of programs, information and advocacy are its major functions. MSF currently has 33,000 individual members who pay dues of $8-$10 and 270 affiliated organizations including unions, churches, veterans groups, retiree clubs, and senior citizens centers. MSF seeks to empower older people and affect public policy issues for the betterment of seniors. The Federation has 25 working committees staffed almost exclusively with senior volunteers. MSF publishes a monthly paper titled Senior News which provides information on issues, programs, special events, and topics of interest to seniors. MSF lobbies and leads activities on national, state, and local levels on issues affecting seniors including: taxes, housing, nursing home reform, home care, transportation, Medicare, and Social Security:

In the area of housing, MSF operates an information and referral skills bank for home maintenance, and chore services. It also provides information on housing options and runs a share-a-house program which screen and matches homeowners to adult live-ins who share expenses and/or provides some chore services.

MSF provides comprehensive personal retirement planning assistance to groups and individuals as part of its Center for Career Change. Pre-retirement planning is marketed to employer and employee organizations. In addition to group training, individual counseling is built into the program. The Center for Career Change also operates a Job Search training program for individuals who want to continue working or return to the paid labor force after retirement. The 20 hour program focuses on self-examination of skills and wants, resume development, interviewing skills, and job matching assistance.

In the health area, MSF staffs a health plan information center, offers four alternative health care plans, and provides discounts on health care costs. In addition, MSF has a legal assistance referral service, an auto insurance program, and a travel service.

G. Senior Options

Senior Options is an annual exposition for seniors and others. It was begun in 1985 to fill an information vacuum on programs and services for seniors. Senior Options is presented by the Minnesota and Metropolitan Senior Federations in cooperation with the Medtronic Foundation. There are over 350 exhibitors and 10,000 attendees to the two-day exposition. Exhibits and seminars bring pre-retirees and seniors up-to-date information on services, products, and activities related to finances, fitness, health care, housing options, jobs, nutrition, pre-retirement planning, safety, and travel.

H. Health Futures Institute

The Health Futures Institute (HFI) is a non-profit organization which studies and promotes policies, programs, and practices that have the potential for improving health and longevity, while constraining rising costs. In the area of senior issues HFI has undertaken a number of projects. HFI was one of the initiators of Senior Options and is currently working with 50 communities across the country helping them adapt the concept of an exposition on senior issues and concerns.

HFI developed Eldertrends, a profile of Minnesota's Older population. The policy report provides a demographic analysis of the older population and a series of implications for future directions in programs and policies. HFI evaluated Minnesota's nursing home pre-admission screening and alternative care grant program and has developed Welderly, a media campaign providing education and information on senior health care and promotion.

I. Senior Community Services

Senior Community Services (SCS), a program funded by the United Way, is a counseling, case management, and outreach program which provides these services to adults 55 and older and their families in suburban and rural Hennepin County. The program is offered by SCS in cooperation with Pyramid Mental Health Center. SCS has administrative and supervisor responsibility for the total program. Well elderly are recruited and trained as volunteers in SCS's peer counselor program. Peer counselors receive 20 hours of classroom training designed by the University of Minnesota specifically for older adult peer counselors. After completing their training, these volunteers continue to receive support, assistance and supervision. Currently, 40 older adults are active peer counselors.

Well elderly are also recruited and trained as friendly visitors. Currently, 50 volunteers receive ongoing support, training and supervision by SCS staff.

The program provides counseling, case management, and outreach to help older adults maintain their independence as long as possible to avoid premature placement in a nursing home. Through referrals from senior centers and community senior groups, physicians, family, potential clients, or others, staff meet with elderly (and, when possible, their families) in their own homes, together assess the older adults' needs, then assist elderly to meet their individual needs by involving as broad a support network as possible. At the same time, staff provide individual and/or group counseling to these older adults and their families, assign peer counselors or friendly visitors when appropriate, monitor the community services provided to the elderly, and reassess their needs on an ongoing basis.

SCS also operates a number of multi-purpose senior centers in suburban Hennepin County offering transportation, congregate meals, recreation, and health services. The centers are staffed primarily by volunteers. There are currently over 100 senior volunteers who work with the 100-200 daily users of the centers.

SCS also has an employment program for 40-50 seniors. The program operates like a sheltered workshop which contracts with local employers for work in the areas of mailing services, assembly, packaging, and small scale manufacturing.

Workers start at minimum wage and then get raises based on length of employment.

In 1986, SCS served 12,000 seniors with unduplicated services. SCS has been responding to the growth of the senior population moving to the suburbs for safety, housing, or family reasons, and expects to maintain a continued growth in services.

J. Senior Resources

Senior Resources is a non-profit United Way agency providing supportive services and programs to seniors to help them remain active, involved, and independent. The development of Senior Resources dates back to 1952 when the Minneapolis section of the National Council of Jewish Women established Council House. Council House was the first Senior Center in Minnesota and was one of the first in the country.

During the past 35 years, the agency has grown to include a broad range of support services for older adults and is known today as Senior Resources. Currently, Senior Resources includes four major program areas.

- Community Focal Points - three multi-purpose Senior Centers which are community focal points for access to information, services, and resources that help persons over 55 to maintain the activities of daily living in an independent manner. Individual services include: supportive counseling, outreach, social services to isolated elderly, and case management for impaired older persons. Group services focus on the development of networks of peer support formed through shared social, educational, and small interest group experiences. Individuals have extensive opportunities to learn new skills and to utilize personal competency in volunteer and leadership roles.

- Day Elders - is a structured, individualized program in two senior centers for impaired, isolated, or depressed elderly persons. An active community environment, caring friendships, volunteer experiences and challenging activities reinforce competence and social skills. Adaptive physical exercise, monitoring of health, education for self care and nutritious meals and snacks are part of the daily plan for each person.

- Retired Senior Volunteer Program (RSVP) - is a locally directed, but federally legislated grant program of ACTION, the Federal Domestic Volunteer Agency sponsored and administered in Minneapolis by Senior Resources. In Hennepin County, approximately 1,600 different senior volunteers represented RSVP at more than 150 community organization locations during 1986. Seventy percent of the volunteers are women and 56 percent are between 70 and 79 years of age. Forty-seven percent of the volunteer hours are given to health and nutrition purposes, 33 percent for community service, and 15 percent for economic services such as tax counseling.

- Social Service Program - provides services to 4,200 residents age 60 and over living in 42 Minneapolis Community Development Agency high-rises. Almost all of the residents have and annual income of less than $9,999, and over one-third are over 80 years of age. The staff have weekly hours at each high-rise where they provide individual case coordination services including assessment, counseling, case management, adult service, access advocacy, monitoring, follow-up, information, and referral to community resources. Staff also provide group coordination services which include supervising resident group programming in self government, health, social activity, and shopping bus transportation.

- West Metro Coordinated Transportation - began in 1982 in response to a study by the Hennepin County Aging Services Department, which identified transportation as a major unmet need of the elderly in the County. The goal of West Metro was, and still is today, to promote, develop and coordinate transportation services wherever the need exists. In the past five years, West Metro has supported the development of new and expanded transportation programs in urban, suburban, and rural areas of Hennepin County. In each area, social service providers, senior citizens and concerned agencies have worked together to plan and implement services which address the specific needs of the elderly they serve. As a result of these cooperative efforts, twelve new or expanded transportation services have been available for older people with special needs.

K. Volunteers Investing Expertise

Volunteers Investing Expertise (VIE), the Minneapolis program of the National Retiree Volunteer Center, has been operating in the Twin Cities for ten years. VIE facilitates the development of corporate volunteer programs and acts as a catalyst that empowers retirees to be a force in their communities through the investment of their skills and expertise. VIE initiates, develops, and expands retiree volunteer programs under the auspices of corporations, government, education institutions and professional associations.

VIE also seeks lasting solutions to community problems and mobilizes retiree leadership and assistance, enriching the quality of life for retirees and their communities. It brings together retirees, their communities and their corporations to produce a dynamic product. The corporate retiree volunteer program:

1. Provides an innovative and positive approach to retirement and a continued quality of life.
2. Empowers retirees with leadership, training, direction, vision and consultations.
3. Channels retirees' expertise to meet the needs of the community.
4. Recognizes retirees as an asset to their communities and corporations.
5. Challenges communities to explore creative ways to tap retirees' abilities.

To support volunteer programs in the Twin Cities, monthly VIE Roundtables serve as forums for retirees, community leaders, and non-profit organizations to continue training, to impact community concerns, exchange ideas and information and create partnerships. Roundtables are hosted by employers involved in retiree programs and community organizations.

VIE has developed retiree volunteer programs with Cargill, First Bank Minneapolis, General Mills, Honeywell, Pillsbury, Sperry, Target, and 3M. VIE is facilitating the development and implementation of similar programs for retired educators from the University of Minnesota, retired government employers of Hennepin County, and retired health care professionals from the Hennepin County Medical Society.

V. NEEDS AND CONCERNS

The programs and services detailed in the previous section reflect the needs of the elderly in the Twin Cities. Through the leadership of the Board on Aging, the Metropolitan Area Agency on Aging, the United Way, and the public, private, and union programs the diverse needs of many seniors are being met. In many cases, however, resources are inadequate, there is lack of coordination among providers, and there are groups of elderly who still fall through the cracks. A number of specific needs and concerns were identified in the process of gathering information for this study. These are discussed below.

One of the major concerns voiced by a large number of program operators was the limited role played by organized labor in the system of providing services to seniors. Except for participation in the Metropolitan Senior Federation and their own retiree groups union participation is limited mostly to political and legislative issues. And, even in these cases participation by organized labor is not very broad. Union retirees represent a valuable resource to their unions and their community which remains untapped. In addition, local unions themselves need to provide greater support to their retiree clubs and to programs and services for seniors in the community.

Related to this concern is the need for retirees and other seniors to have greater opportunity to lead constructive and productive lives. The emphasis on independent living which is the focus for many social service programs needs to be extended to the social and productive lives of retirees. There needs to be an increase in options and opportunities for retirees to do volunteer or paid work (if they choose) and to be empowered to have greater control over their lives. The vast majority of programs and services, while clearly needed, respond to the needs of a small group of seniors who are the most needy or at-risk. The majority of retirees, who are healthy and financially secure, are not served by these programs. There is a need for new programs to be developed which respond to the needs of this group of retirees to live independently and productively.

Another major need of seniors in the Twin Cities is for better information about available community resources. Despite numerous seniors' publications and "first call" programs many retirees are unaware of the array of programs and services available to them. Even Senior Options, an innovative way of getting information out to older people, only serves a small faction of the older population. A comprehensive information system needs to be developed which integrates information from all the diverse sources in the community related to the social, health, financial, transportation, housing, and other needs of seniors in the Twin Cities.

A major concern of retirees (especially union retirees) is the taxation of benefits and the cost of health care. While most of the union retirees have relatively good pensions and health insurance plans, they are concerned about their loss of "buying power" and the lack of a comprehensive health care system which includes long-term and catastrophic health care needs. These concerns are echoed by other retirees and by many of the program operators in the Twin Cities. Related to this is the need for sliding scales for many of the programs and services. Most of the health, nutrition, and other social services are available only to the most needy of the retiree population. Many retirees with fixed and "adequate" incomes cannot afford services and cannot participate in many programs because they are not income eligible. Sliding fee scales need to be developed to better serve that group of retirees who can afford some but not all of the costs for services.

Most retirees in the area have not participated in retirement planning programs. Unions, corporations, and other service providers need to offer programs to older workers and retirees which cover financial planning, medical insurance, health and health care, Social Security and pensions, recreation, family issues, and psychological and social issues.

In addition to these general needs and concerns. A detailed list of service needs and issues was identified as part of a Senior Issues Network Conference. Conference attendees represented service providers, planners, funders, and consumers of service for older people. The service needs identified at this conference, which reflect a broad spectrum of issues, is listed below. They provide an excellent summary of the needs and concerns of the elderly in the Twin Cities.

- Consumer/public education is inadequate. The array of existing services is already very complicated, and as older people are expected to act as "service consumers," they will need some help in evaluating and comparing the various service options. Service packages for HMOs, insurance, and in-home services are all different and difficult to understand. At present, most people do not even know that services are available. In addition, frail persons who receive services from different agencies may need individual care coordination ("broker" type case management). The centralized phone, First Call for Help, needs greater visibility.

- There should be more attention to serving specific target groups among the elderly population, including (a) the chronic mentally ill, (b) childless or isolated elderly with little or no informal support, (c) persons who are depressed, (d) low income, just above poverty, and (e) minorities.

- "Informal caregivers" will increasingly need support--they are at risk of working themselves to death. This could include temporary in-home or nursing home respite care, adult day care, caregiver support groups, and education. Middle-age persons are a "sandwich generation"--caught between the needs of their children and the needs of their parents. Adult abuse may result if caregivers are expected to provide more than they are capable of providing, resulting in increasing need for adult protection services.

- There is not good coordination between the health/medical system and the community-based services. People may fall through the cracks when Medicare runs out before the problem is solved. Services often "caught in the bind" include home delivered meals, community-based case management, public health nursing, and mental health services.

- There is a growing number of young-old retirees who should be involved in meaningful ways in their communities. This could include volunteer work in providing services to the elderly (such as driving, home-delivered means, visiting, etc.), or other activities in which they continue to contribute their talents to improve the quality of their own life and of others in the community. There is a feeling that some very capable older people are "going to waste."

- Transportation is a problem for all groups of elderly, and the future transportation needs of the suburban elderly will be even more of a challenge to meet. Transportation subsidies are necessary to keep costs low enough for elderly to use services.

- The quality of "formal" services may be a bigger issue in the future because most caregiver jobs are poorly paid and there is a high turnover rate in direct service personnel.

- For all services, there is a need to do away with entitlement programs (all or none), and to develop more sliding-scale fee structures, scholarships for persons who can't pay the entire fee, or other subsidies--so that people will pay what they can, but no one is denied needed services.

- There should be better integration of services and housing--more services available to high rise residents who, as a group, are increasingly frail and need supportive services to stay in their apartments.

- Prevention: not only older people, but the entire population needs to know about exercise, diet, and good health habits to avoid chronic illnesses. Also, the general public should know enough about the service system so that everyone can do better planning for their own future needs, and to anticipate how they will meet needs, before a crisis occurs.

- Not only should services be coordinated for individuals, but service providers should do more collaborative planning, referral and joint funding advocacy to improve coordination at the system level. This includes better coordination between non-profits and for-profits.

VI. SUMMARY AND CONCLUSION

The Twin Cities is a community of people and institutions connected to one another through history and a sense of civic responsibility. This helps make the area a good place for retirees and older adults. The diversity and quality of programs and services for the elderly starts at the top, with active and forward thinking from the State Board on Aging, and continues down through the Area Agency on Aging, to the local programs which provide direct services to different groups in the senior population. In addition to these public sector organizations, there are private foundations, private agencies, and unions which complete the solid mosaic of programs and services for the elderly.

Despite the diversity of programs and services, there seems to be a lack of coordination among programs and a degree of turfdom among agencies. In addition, there is a need for better dissemination of information about the available programs and services. Also, despite a strong labor movement in the state and a large number of retired union members, there has been little effort at integrating them into programs as partners, volunteers, and participants.

Support for programs and services is provided by government agencies at the sate and county levels, sometimes acting as pass-throughs for federal funds; by community agencies such as the United Way; by private organizations such as the Wilder Foundation and Ebenezer; and by fee-for-service programs which operate throughout the area. In addition, the State Board on Aging and the Metropolitan Area Agency on Aging have played a critical policy-making role and helped set an agenda for the elderly programs that is based on a goal of independent living and a recognition that the older population can be a resource for the state. These policies and directions have helped the low income and frail elderly in the state. Most union retirees and other seniors, however, are not adequately served by the system. The lack of a sliding scale of fees and a diversity of programs aimed at this group of older adults is a concern for many retirees and program operators. Union retirees do benefit from their affiliation with their unions and their membership in retiree clubs. While much can be done to expand the memberships and activities of these clubs, they do offer an opportunity for programs and services for union retirees.

The State Federation of the AFL-CIO and international unions could provide more assistance in establishing and expanding the clubs. Activities should focus on retirement planning, socializing, and programs that keep retirees productive. The unions should try to develop linkages with program providers to explore opportunities for retirees to serve as program volunteers. One model which could be adapted is VIE, which could work with local unions or the Central Labor Council to develop parallel programs to those which have been developed in corporations in the Twin Cities. There are a large number of opportunities for union retirees to serve their community and to be served by it. However, they need information and support to take advantage of these opportunities.

Needed changes in community programs and services were detailed in the previous section. It is clear that the Twin Cities is not content with how it is responding to the needs of its older population In its tradition of caring and forward thinking, it has continued to examine the future needs of an ever-growing older population. The success of these efforts will require the involvement of representatives from organized labor, corporations, government, foundations, and social service agencies. If the Twin Cities continues to maintain its sense of community and civic-mindedness, it should be in a strong position to develop an array of programs and services to help its elderly population to be independent, productive, and a resource for the state.

APPENDIX 1: PUBLICATIONS

Senior News, Newspaper of the Minnesota Senior Federation.

Services for Older People, Metropolitan Council of the Twin Cities, 1987.

Eldertrends, Health Futures Institute, 1984.

Services for Seniors, United Way.

Older Minnesota Public Policy Report, Minnesota Board on Aging, 1987.

85 and Beyond: The Challenge of Minnesota's Elderly, 1984.

Senior Spotlight, Newsletter of the Minnesota Board on Aging.

Good Age, Newsmonthly of Older Twin Citians.

The M Form Society, William Ouchi, Reading, MA: Addison-Wesley, 1984.

APPENDIX 2: ORGANIZATIONS

Senior Community Services
Wilder Foundation
Labor Education Service, University of Minnesota
Metropolitan Senior Foundation
AFL-CIO Community Service Liaison
Minnesota AFL-CIO
Ebenezer Society
Senior Resources
Minnesota Board on Aging
Central Labor Retirees
AFL-CIO Consumers Affairs
Center for Career Change
CWA Retirees Club
United Way
AFSCME Chapter 6 Retiree Club
Minnesota Retiree State Employees Association
Department of Human Services
Health Futures Institute
Metropolitan Area Agency on Aging
IBEW
Metropolitan Council of the Twin Cities Area
Local 292 IBEW Retirees
VIE-Volunteers Investing Expertise
National Retiree Volunteer Center
Service Employees International Union Retiree Club
AFSCME

PROGRAMS AND SERVICES FOR UNION RETIREES AND OLDER ADULTS: A COMMUNITY STUDY OF ST. LOUIS, MISSOURI

Shirley Fox

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I. INTRODUCTION

The metropolitan St. Louis area extends across the Mississippi River which greatly influenced its industrial growth. This report, however, focuses on Missouri: the city of St. Louis and the four counties of St. Louis, St. Charles, Jefferson and Franklin. St. Louis City and County are separate governments, and there are 90 municipalities in St. Louis County, each a taxing district. This large number of governmental units has resulted in the overlap and duplication of services and inhibited regional planning and economic development.

Some of the union retirees who had worked in plants located in Missouri had moved from across the river and have now returned to their previous home sites in Illinois making it difficult for them to participate in retiree clubs affiliated with their local unions. St. Louis has experienced many plant closings, particularly in the steel and auto industries, and the moving away of plants in the garment industry to small towns in the South. Retirees are concerned about foreign competition and the buying up of the remaining manufacturing companies by non-U.S. companies. They are aware of the cut-off of pensions and medical insurance coverage by steel companies which have declared bankruptcy, but many still have good pensions, are enjoying travelling and socializing and are little concerned with community services.

II. COMMUNITY PROFILE

A. Economic Characteristics

Undergoing changes similar to other major metropolitan areas in the U.S., St. Louis is shifting from dependence on manufacturing toward a service based economy: from 40% in manufacturing in the 1950's to 21% in 1986. St. Louis is corporate headquarters for ten Fortune 500 manufacturers: McDonnell Douglas, General Dynamics, Anheuser-Busch, Monsanto, Ralston Purina, Emerson Electric, Interco, Chromalloy American, Jefferson Smurfit and Kellwood. The largest employer is McDonnell Douglas with over 36,000 employees. May Department Stores, Scott Air Force Base and Southwestern Bell each employ more than 10,000. There are also large Army installations in the area.

From 1984 to 1986 in the St. Louis area the rate of growth was highest in the educational services sector, followed by business services and transportation equipment. Industries growing by more than 23% in employment which exceed the national average are: manufacture of aircraft, leather and paper; and the transportation sector including airlines, transit and water. Lambert Field, the hub of TWA, is the nation's 6th largest airport in passenger traffic. In manufacturing, employment in the transportation equipment sector leads, although overall employment in manufacturing is declining. The decline in manufacturing employment is widespread, but is particularly acute in the aircraft industry, attributed in part to early retirement incentive programs. Another recent closing is that of a bakery in March, 1988 which had been in the operation for over 41 years nd employed 380 persons.

B. Population Characteristics

According to the U.S. Census, the St. Louis metropolitan statistical area (MSA) had a total population of about 2.4 million persons in 1980. Eighty-two percent of the total population was white, 17% black.

Twelve percent of the population (about 288,000) was 65 years of age or older. There were 170 nursing homes in 1982 with a total of about 20,000 beds. Over 300,000 persons were enrolled in Medicare A in 1982 receiving a total of about $428 million in benefit payments. The same number received supplementary medical insurance, Medicare B, totaling approximately $115 million. 375,800 persons received Social Security benefits, of whom 221,000 were retired workers, 25,000 were disabled, and 56,800 were widows or widowers.

C. Influential Organizations

Religious organizations play an important role in providing services for the elderly. Forty percent of the population are Catholic. The Cardinal Ritter Institute, in addition to providing other services to the elderly, oversees all nutrition programs at Senior Centers. Lutheran organizations are also active. Jews represent less than 5% of the population, but are influential in law, medicine, business, and cultural, charitable and political fund raising, according to the "St. Louis Currents". The Senior Olympics program in the area is administered by the Jewish Community Centers Association. Blacks are about 20% of the population and are increasing proportionately.

The power structure in the St. Louis area was described in a publication of Leadership St. Louis, "St. Louis Currents", in 1986. The publication states that the Regional

Commerce and Growth Association which includes business, labor unions and not-for-profit organizations is the leading power broker in the community. Leadership St. Louis conducts classes for about 55 community representatives each year. The class meets one weekend per month for nine months to discuss issues such as community services and economic development. Also important is a group of CEO's of the largest corporations who make up Civic Progress which has been important in downtown redevelopment and civic fund raising. This group does not, however, set community action agenda. A third influential organization is Confluence St. Louis organized in 1983. According to its "A Message to the Community", 1987, the Confluence is a "diverse group of committed citizens from the metropolitan region whose mission is to target key problems, discuss them among people with different perspectives, and recommend strategic solutions." It is organized into volunteer Task Forces which have addressed issues such as low income housing, health care for the indigent, racial polarization, and public education and economic development. Public forums are held to determine the issues to be addressed.

Organized labor has had only modest influence on civic decision making, according to "St. Louis Currents." It is usually represented on committees and coalitions, "is heard but seldom leads", and is reported as fragmented. Although the majority of local unions belong to the Central Labor Council, those of the UAW and the Teamsters do not.

A Labor Management Committee was formed in 1983 and includes 18 members from labor and management in the construction industry. It serves mostly a public relations function and fosters cooperation at plants and construction sites.

III. UNION RELATED RETIREE ORGANIZATIONS AND ACTIVITIES

The St. Louis area has local unions from a large number of the international unions belonging to the AFL-CIO as well as some independent unions, many of which have retiree clubs. These include, among others: the UAW, United Steelworkers of America (USWA), United Food and Commercial Workers (UFCW), International Ladies Garment Workers (ILGWU), Bakery, Confectionery and Tobacco Workers (BCT), Service Employees International Union (SEIU), International Union of Electrical Workers (IUOE), International Association of Machinists (IAM), Communications Workers of America (CWA), Iron Workers, Amalgamated Clothing and Textile Workers (ACTWU), Boilermakers, United Carpenters and Joiners (UBC) and Seafarers. The St. Louis Labor Council has members from 1966 local unions representing approximately 108,000 workers from about 79 international or independent unions. The Labor Council sponsors a Retirees Group whose membership consists of delegates from about 20 retiree clubs. Those locals belonging to the Council which do not have retiree clubs are encouraged to form clubs.

The overwhelming impression from discussions with officers of various retiree clubs is that retirees are interested primarily in social activities with their fellow retirees. At election time they can be organized to assist with phone banks, leafleting, and mailings. The retirees give "tens of thousands of hours" for activities of the AFL-CIO Committee on Political Education (COPE), which used to be done mostly by women's auxiliaries of local unions, some of which are still active. But there is general apathy in becoming involved in other community, educational or cultural activities. A factor in this non-involvement may be the lack of information about programs and services in the community in which they might participate, and the lack of outreach to the clubs by the providers of these services.

The numbers of retirees is increasing. But, according to the Labor Council President, "retirees do not seem to be a priority of the internationals, nor will they be." There is some motivation for internationals' involvement, however, with the growing realization of what retirees can do for the unions. At the local level, he feels that if retirees of more unions could vote for local union Presidents, the locals might do more. Many locals do provide support for retiree clubs through payment for transportation to social affairs, for food served at meetings and parties, or by providing space for meetings. For example, the Machinists have built a recreation room for the ongoing use of retirees. The Labor Council and its affiliated Retirees Group have space in the Carpenters' Building.

A difficulty in organizing more retiree clubs, according to the Council President, is the differentiation made of retirees by age.

> "Those who take '30 & out' retirement are usually doing something else than retiring except for some former local union leaders who may be organizers or leaders of retiree clubs. Retired rank and file members respond to recognition by former officers - leadership is the key. Those 80 and older are difficult to deal with...need compassion... It's frightening for some of the younger retirees to realize they're getting there."

A. St. Louis Labor Council, AFL-CIO Retirees Group

The Labor Council supports the Retirees Group by providing space for meetings and funds for lunch. The only requirement is that the retirees support AFL-CIO endorsed issues. The current president of the Retirees Group is a former Business Agent of the IAM. The Labor Council Retirees Group brings together six times a year up to three representatives from retiree organizations of about twenty unions. The meetings provide an opportunity for socializing as well as discussing issues. After a business meeting, the Group is served lunch and many delegates stay to talk. At a meeting in March, 1988 the major issues of concern were related to health care legislation and the effect of foreign competition on jobs. There was also extended discussion of the illnesses of absent members of the Group.

Member clubs each pay $30 per year to belong to the Group. As of February 1988 member retiree clubs were from such diverse unions as: BCT, Electrical Workers, IUOE, UFCW, ILGWU, National Association of Letter Carriers, IAM, Musicians, Service Employees, Sheet Metal Workers, and the Typographical Union.

As one delegate at the March, 1988 meeting commented, "Most retirees are apathetic. The emotional speeches made at this meeting are being heard only by those retirees who are already involved and active. It is still difficult to mobilize the members of each club represented." The discussion focused on urging retirees to write to support pending state legislation, a "Homestead Bill" to prevent impoverishment of families because of catastrophic illness. (Missouri is the only State that doesn't have such protection, according to the speaker.) The Pepper Bill at the national level was also supported. This Bill concerns the financing of long term health care through increasing the level of income taxed for Social Security.

There was animated comment on the threat of foreign competition; that even clothing produced by communist countries is being sold here; and that it is difficult to find items made in America and almost impossible to find them with a union label. An Amalgamated Clothing delegate said that one local garment manufacturing company is owned by a Czechoslovakian who "goes over there and brings back workers." There was also concern over the Japanese buying up seven plants in Missouri, and Australians taking over others.

The need to get retirees to "stick together" to vote and to write letters was a principal theme. When St. Louis lost shoe manufacturers to small Southern cities, followed by garment manufacturers, "We didn't pay attention. We need to wake up. We call ourselves organized labor, but we can't get our people out to vote. 16,000,000 labor votes could create a landslide," said one delegate. There was also recognition of the power of money used by large corporations. "Money buys power." But one delegate commented, "How come the Presidential candidate with the least money is getting the largest popular vote?" (reference to Jesse Jackson, although the group was careful not to discuss candidates by name or indicate any preference).

The Retirees Group has received a letter from the Red Cross expressing its interest in working together with the retirees, and having them participate in all Red Cross sponsored services, such as First Aid Training and blood donations. The letter indicated that an adult day care center is being established in East St. Louis, and that the retirees would be kept updated on all Red Cross services.

B. Retiree Clubs

Retiree clubs from eight international unions were contacted for information. The level of activity and participation in retiree club meetings varied considerably, as indicated in the description below.

1. Membership and dues structure

Membership in the retiree clubs of the eight international unions contacted ranged from less than 100 to over 1200. Most clubs meet monthly, although one meets only five times a year. Attendance at meetings varied from less than ten to about 300. Many retirees who had worked at plants which have now closed, such as in the automobile industry, had moved to the St. Louis area from neighboring states while working and have now returned to live in those states. Their attendance at club meetings is therefore difficult. Another factor affecting attendance for those clubs related to the garment industry is that some of the organized plants which moved out of the area have been replaced by non-union plants. Current members in the clubs are old and there are few new retirees to join.

Dues paid to the clubs varied from zero to $15 per year for the retiree and spouse. One Club chartered by its international has modified the original dues structure from $12 per member or $15 per couple to $7.50 per person, in order to make it easier for widows to remain members.

2. Relation to international unions and locals

The relation of the clubs to their respective international unions also varied. The Carpenters' Club said it receives "nothing" from the international, except for pins sent to retired members and information from the international's Legislative Improvement Committee recommending positions to be taken for letter writing campaigns to Congressmen.

SOAR, Steelworkers Organization for Active Retirees, an international effort of the United Steelworkers of America, USWA, is beginning to organize chapters in the St. Louis area, particularly across the Mississippi River in Illinois for retirees from Laclede and Granite City Steel companies. According to one organizer, "I.W. Abel (past president of USWA) had the vision to see what retirees could do and started SOAR." The Director of USWA District 34, which has its headquarters in St. Louis, expects SOAR to develop more rapidly in 1988 after "coasting along". He has been given "strong orders" to make things happen and has appointed a Coordinator for the tri-city area on the Illinois side. Several small retiree clubs there are combined into one SOAR chapter, and Maclede Steel Retiree Club has applied for its own charter from SOAR. Delays at the national office for almost a year in providing check-off cards had prevented the negotiated check-off of SOAR dues ($12/year) from pensions paid by Granite City Steel. No coordinator had yet been named for St. Louis in March, 1988. The District Director feels that the new Chairman of the SOAR Executive Board will "make things happen."

Retirees from the Communications Workers union joined thirty five other retirees from across the country at the CWA international convention in July of 1987 where they made their concerns known to an Advisory Committee, although they could not speak up directly or vote on issues.

Most retiree clubs receive support from their local unions: to help cover the cost of meals served at meetings, transportation to social events such as ball games and mailings; space for meetings; and columns in newsletters. The AFL-CIO LABOR TRIBUNE, a weekly paper which covers St. Louis and Southern Illinois, reserves the last page twice a month for the Carpenters' union, including a column on retiree activities, and twice a month for the International Association of Machinists.

3. Programs and activities

Although most meetings include a business session and a speaker on retiree issues such as health and Social Security, by far the main reason retirees come to meetings is for socializing, as exemplified by the information provided for the retiree clubs described below.

The monthly meetings of the nine UAW retiree clubs in the area generally consist of a business meeting, a speaker or film, food, and bingo or cards. The Chairman of the UAW Retiree Council said, "They enjoy getting together, talking and having lunch. If bingo wasn't available, their interest in coming to meetings would fall off. At least they get some of the message." He has not been able to get the retirees interested in doing other things. A few retiree clubs do community service through such things as collecting food for the poor, but "they don't get together generally for constructive purposes." Retirees do get together to assist in a mass mailing once a year for the State UAW-PAC. Some clubs are politically active on labor and senior issues, and also on community issues such as the metropolitan sewer district. Some retirees go to Black Lake to the UAW Education Center or to Summer School, but "don't spread the word about what they learn when they return, and other retirees don't ask them. The same group seems to go all the time." Summer School is a UAW Region 5 program held at the University of Oklahoma for both active and retired UAW members. Retirees go for one week with active workers, and the active workers remain for a second week. At the local level, however, there is little interaction among active and retired persons, except for the retiree representative on the local's Executive Board who reports back to the Retiree Club at its monthly meeting.

Pre-retirement planning for UAW workers in the area is "sketchy". Many workers commute long distances, are working 10 hours per day, and don't want to go to retirement planning sessions in the evenings or on weekends.

The President of the largest retiree club of the United Steelworkers of America (USWA) in the St. Louis area, affiliated with the American Can Company, said that about 40-60 members attend the monthly meetings out of a membership of about 250. The Club follows a pattern of having a business meeting and an occasional speaker, but most of the time is spent on discussions to plan trips, picnics and other social events. The President tries to keep the members informed about relevant laws affecting senior citizens and explains any changes in insurance coverage under the company plan. Most of these retirees "have good retirement plans. It's hard to get those with a full belly to worry about the future," and the President has had difficulty getting members to react or become involved in anything. "They go on trips to fill up time," he said. He feels let down, but also said he did not know where to turn to find out about possible other activities. He hasn't asked the members what they might want. Unlike other retiree clubs, this club includes a small percentage of retired supervisors (management) who make this club ineligible for SOAR affiliation. The President is trying to see if an exception can be made.

Steelworker retirees in Illinois use community services such as the Senior Citizen Centers for congregate meals. The United Way in Illinois has supported a social center for 15-20 years where union retirees also go to socialize and play cards. Most local union halls are not big enough for large meetings. They also go to AARP meetings at the

Township Hall. AARP has an active outreach program, provides services and organizes trips.

The emphasis on socializing was also expressed by a Past President of an IBEW retiree club, who served for twelve years in that office. "They just want to play and travel," according to him. "While they were working they invested from $1.00 to $10 for each hour worked into a fund managed by the local. Over the years, the fund earned about 12% interest which accumulated untaxed until their retirement. With this money, they now go to Europe or wherever they want."

The involvement of spouses in activities is not consistent, nor is the concern for surviving spouses. A few clubs encourage the attendance of spouses at meetings, but generally few go, although they do attend parties or go on trips. The widow of a retired Carpenter serves on the Social Committee of that Retiree Club. The Executive Committee of the Carpenters in a recent meeting expressed concern about the need to take care of widows better. The international no longer has responsibility for pensions, but does provide a $2500 death benefit for funeral expenses for those who were members and had worked over ten years. The local's secretary sends notice of deaths to the international, but had not been informing surviving spouses of their rights. Widows have only 30 days to claim benefits and many widows do not understand their entitlements to benefits.

The Carpenters' District set up a Health and Welfare Fund in the '50s. Employers who belong to the Associated General Contractors (AGC) originally deducted for the fund ten cents for each hour worked, but the amount now has been raised to fifty cents per hour. The fund is used for medical insurance, pensions, and a vacation program, implemented through a stamp plan with a local bank. How the fifty cents is divided among the three uses is decided during contract negotiations. Retirees pay into the self-insured medical plan. If both the retiree and spouse are on Medicare, the cost is $23 per month, or $130 if one person is under 65. Eighty percent of a medical expense is paid by the fund up to $5000 per year after which 100% of cost is covered. The plan includes dental coverage. The fund increased its assets by investing some pension monies in housing, including two developments for Carpenters. Widows of carpenters who retired before 1969 are not covered by the Health and Welfare Fund. Before that date, wives weren't covered at all, and there is some concern about the discrepancy between the benefits of wives of younger and older carpenters. It has been suggested that a two to three man committee be set up to read obituary notices, contact the widows and be available to handle widows' concerns.

Prior to retirement, carpenters are given a pamphlet regarding benefits which is difficult to understand, and there is no personal counselling or workshops held. Because of the concern, the Executive Committee at its September, 1987 meeting decided to have as a speaker at the January, 1988 meeting, someone from the Health and Welfare Fund to explain benefits. It was also recommended that a simplified list of benefits be prepared. "It's the member's duty to be informed. We have stressed making out a will, but they don't do it and wives don't have the information," said one member of the Committee.

IV. COMMUNITY PROGRAMS AND SERVICES

Union retirees in the St. Louis area have available a large variety of programs and services. Many are targeted to specific sub-groups; for example, for the well elderly, there are Senior Centers, an educational and cultural program, OASIS, and the Senior Olympics Program; for the frail elderly in need of assistance, Elder Care Centers; and for the low income elderly, subsidized housing. Many of these categories overlap and funding, or volunteers, for some programs and services are not sufficient to meet the needs.

There seems to be a lack of coordination among service providers. The Senior Vice President for planning/allocation of the United Way feels there should be better networking among service providers, instead of "too much turfdom" which exists. A former Lt. Governor tried unsuccessfully to coordinate services for the frail elderly to avoid duplication and, for instance, prevent several agencies going to the same home to provide services not knowing other agencies had been assigned. Sometimes families request help from more than one agency to assure receiving some service. The United Way Vice President does not think her agency should play the lead coordination role, but that an Area Agency on Aging (AAA) should be the coordinator. However, the Mideast AAA office which provides services in St. Louis County split off in 1973 from the City AAA office, and there is little coordination between them, although there is some overlap of client population and services.

Programs and services for the elderly are supported by the providers, by fees paid by the participants, by government subsidies directly and indirectly, and by multi-service funding agencies as described below.

A. Multi-service/funding Agencies

The two principal multi-service funding agencies which support programs and services for the elderly are the United Way of Greater St. Louis, and the two Area Agencies on Aging (AAA) - one serving the city of St. Louis and the second a four county area surrounding the city, as mentioned above. In 1965, the passage of the Older Americans Act by the U.S. Congress specified aging as a major policy issue at the Federal level, authorized Federal funding, and mandated the establishment of Area Agencies on Aging in each state. In addition, the County Older Residents Program (CORP) supports various activities in St. Louis County, primarily through public funding; and the Cardinal Ritter Institute, a private organization of the Catholic diocese, is a major provider of a variety of services and served over 32,000 elderly in 1987 in home health care, housing, employment and social services, financed in part by AAA and the United Way. A description of these agencies follows.

1. United Way

The United Way of Greater St. Louis supports about 120 service agencies in the area, some devoted principally to serving the elderly and others which include the elderly as part of the target population. Priorities for funding in FY'87 and FY'88 do not include the elderly, and it is difficult to determine the needs of the elderly from the United Way's Information and Referral Division since it does not tabulate by age the requests which are made, which are generally for food, clothing and housing assistance. However, some assistance to the elderly is provided. For example, special projects to aid indigent elderly are funded to provide: a home care/chore service program, Certified Nurses Aid Training, a program to assist the frail elderly, a housing options research and development program, a "Senior Companions" program and a nursing home ombudsman program.

Program Profiles ELDERLY, February 1987 prepared by the Department of Planning and Research of United Way provides a comprehensive description and location of all programs available in the area to assist the elderly and indicates which are supported by the United Way. Those services specifically for the elderly are categorized in the publication by their focus on attempting to provide "optimal":

1. Income Security and Economic Opportunity
2. Health
3. Provision of Basic Material Needs
4. Acquisition of Knowledge and Skills
5. Individual and Collective Safety
6. Social Functioning

Other programs which are not limited to but include the elderly are also described, such as food stamps, commodity distribution and home improvement and repair assistance.

Profiles is a good reference to all federally funded programs, as well as to those specific to Missouri and the St. Louis area. A Senior Citizens Handbook, Laws and Programs Affecting Senior Citizens in Missouri, now in its 4th Edition (but not dated), also describes many of the programs described in Program Profiles. The Handbook is prepared by several legal aid organizations with funding under the Older Americans Act, which also supports Area Agencies on Aging.

Two labor representatives serve at the United Way as liaisons to the labor movement. Nationwide, there are 260 labor liaisons to United Ways coordinated at AFL-

CIO headquarters in Washington and United Way headquarters in Alexandria, VA. The labor liaisons are paid by the United Way, but relate locally to the Labor Council. A series of workshops for shop stewards of the various union locals was restarted in '87 to familiarize them with the community services available to their active members. A previous program had been suspended for many years. There has been good response, and the liaisons intend to keep the curriculum varied and to develop an alumni group to come back for refresher courses. Retirement planning is not included in the current programs.

In St. Louis the labor liaisons assist in raising funds for the United Way by providing access to staff of unions for the solicitation of contributions. Requests for services from retired and working union members often go directly to the United Way's Information and Referral office, not through the Labor Council or liaisons, so that the labor liaisons do not know what retired workers are requesting.

One liaison has developed a presentation on the history and structure of the labor movement for the United Way staff. He feels workers who contribute to the United Way while employed are "lost" after they retire, although many might continue to contribute if asked.

2. Area Agencies on Aging (AAA)

There are ten Area Agencies on Aging in the state of Missouri, two serving the St. Louis metropolitan area.

a. Mid East Area Agency on Aging (MEAAA)

The MEAAA serves St. Louis, St. Charles, Jefferson and Franklin Counties, but not the city of St. Louis which has its own AAA. MEAAA was incorporated as a non-profit corporation in 1973, and is governed by a Board of 23 persons, most of whom are 60 years of age or older. The Board sets priorities and allocates funding, most of which is provided by the Missouri Department of Social Services, Division of Aging.

MEAAA provides few direct services, and generally subcontracts out the administration of specific programs. It sponsors Senior Centers, an employment program, and an information and referral service. Contracted services include Arts, Day Services, Hearing Conservation, Legal Services, Physical Fitness Groups, In-Home Services, Bereavement Counseling, Nursing Home Ombudsman, Transportation, Alzheimers Education, and Health Education and Counseling. Examples of contractors include: Curators of the Jewish Hospital for an "Arts for Older Adults" program; Jewish Community Centers Association for Adult Care; YMCA of Greater St. Louis for a physical fitness program; AccuCare for In-Home Services; and St. Louis Hearing and Speech Center for a hearing conservation program. In the four county area, there is some overlap of clients and services with the County Older Residents Program described below.

MEAAA supports Senior Centers as do all other AAAs in the state. These are discussed in section B1 below. The head of the Information and Referral division said, "What we do most is listen." In January, 1987 the MEAAA received 1,071 calls and provided 4000 referrals. In general, three or four referrals are provided for each call. MEAAA has one Social Worker who does "casework", but refers most cases to the Missouri Division on Aging. There are some requests for live-in companions, but MEAAA has difficulty finding dependable persons. A few proprietary organizations and two religious groups also try to fill requests for companions. Requests for help with chores are also hard to fill. Many more persons are needed to provide in-home services. Churches tend to serve only their own parishioners, and do not meet even all their needs. "They are not doing as much as perceived."

News about MEAAA programs and services are included in "The Second 50 Forum" newsletter and "Senior Circuit", community newsletters. MEAAA also publishes "Speaking of Aging", a Report to the Eastern Missouri Business Community. The biggest needs in the area, according to MEAAA staff, are for transportation, in-home help with chores and health care, and home-delivered meals, which are usually delivered by volunteers from the Senior Centers.

b. St. Louis Area Agency on Aging

The St. Louis Area Agency on Aging, a division of the Department of Human Services, serves the city of St. Louis. All of the programs and services are funded by the Older Americans Act, and some also receive monies from Social Service Block Grants, the Community Development Agency and charitable contributions.

The Information and Referral Office of AAA receives about 25,000 calls a year. The five most requested services in 1987 were for transportation for medical care, subsidized housing, part-time employment, discount cards for local merchants, and suggestions for activities to fill the time. The age group most requesting help was between 65-74 years of age, then those between 75-79. Those requesting the least help were under 65 or over 85.

AAA has recently contracted with the University of Missouri-St. Louis (UMSL) to conduct a needs assessment of the elderly. Preliminary results indicate that adequate nutrition, help with home maintenance, and transportation are the major needs.

Many of the services funded by the city AAA are similar to those supported by MEAAA. They include:

- Adult Day Care at two sites,
- Advocacy through an Aging Specialist who represents the interests of the elderly at public hearings and State meetings at the Capitol so that needed services can be improved and expanded,
- Senior Citizens Tax Credit,
- Low cost physical and dental care,
- Housing referral,
- Information and Referral through a data bank of 1200 agencies,
- In-home chore services and delivered meals,
- Legal services through the Elderly Law Unit of the Legal Services of Eastern Missouri and at Senior Centers through law students from St. Louis University who are supervised by a law Professor,
- Nursing Home Ombudsman Program, sponsored by the Lutheran Mission Association,
- Nutrition through congregate meals at Senior Centers, home delivered meals, and distribution of surplus food commodities. All nutrition services are overseen by the Cardinal Ritter Institute (see below),
- Outreach to persons living alone, and to community organizations to make them aware of available resources. To date, AAA has not sought out retiree clubs to make presentations, but would do so if requested.
- Silver Citizens Discount Program for those over 60,
- Telephone assurance by volunteers to assure the well being of older persons living alone,
- Available City-wide Transportation (A.C.T.), and

- Senior Centers. AAA supports 45 Senior Centers, 18 in public housing complexes. (See B1 below).

3. County Older Residents Program (CORPS)

CORPS, a division of the St. Louis County Department of Human Resources, operates at the neighborhood level through area offices and twenty field sites with the help of about 924 volunteers. Its mission is to help senior citizens maintain dignity and an independent lifestyle, and many of its activities seem to duplicate those of the MEAAA discussed above.

Some of the services it provides include:

- Tax assistance program for county residents,
- Transportation; volunteers drive seniors and are reimbursed for mileage only (about 23,000 trips provided in 1987),
- Legal assistance; provided by retired volunteer attorneys on topics such as wills, guardianships (over 800 in 1987),
- Independent living support, including: telephone assurance, calls to seniors at home, weekly visits by volunteers, and "I'm OK" cards for apartment dwellers (over 22,000 in 1987),
- Pre-retirement planning. CORPS was requested to provide planning for Krogers' employees who belonged to UFCW before the stores closed, and for GM which also closed some plants. For the GM program, reference was made to UAW materials, but the materials used were developed by CORPS.
- Insurance claim form preparation,
- Information and referral (over 13,300 in 1987),
- Job development and placement for seniors,
- Discount plan with local merchants (over 31,000 seniors and 3,000 merchants enrolled),

- Home maintenance help using retired craftsmen,
- Volunteer program,
- Social and recreational programs: referral to Senior Centers, and events such as a Senior Follies, Writers' Club, and a TV program, "Seniorville, USA."

CORP is working with OASIS (see below) on a conference on aging to be held in St. Louis. It has held a series of workshops for older persons in the four county area, one per month for eight months, entitled "Big R - Retirement", which included discussions on inflation, consumerism, calcium deficiency, and role of probate attorneys, among other topics.

Because volunteers play such an important role, CORP works with the St. Louis Council of Directors of Volunteer Services and the Corporate Volunteer Council, which includes Monsanto, Ralston Purina and McDonnell Douglas, large employers in the area, who are interested in identifying programs in which their employees can volunteer. CORP's Director said that "St. Louis is very advanced in using volunteers."

4. Cardinal Ritter Institute

Since 1960 the Cardinal Ritter Institute (CRI) has provided services to the elderly in the St. Louis area in home health care, employment, housing (see 8. below), and social services. The employment program, called Senior Aides, is part of the Senior Community Service Employment Program of the U.S. Department of Labor, funded under Title V of the Older Americans Act. CRI is a subcontractor to the National Council of Senior Citizens, which since 1983 has been a national contractor for the program. The purpose of the program is to provide socially useful part-time employment for low-income elderly, and to improve and expand existing community services and create new services where needed. In 1987, CRI placed 269 persons. CRI also offers opportunities for volunteering as a contractor for the Retired Senior Volunteer Program, RSVP, and in 1987 placed over 1700 persons.

CRI's programs have expanded greatly since the passage of the Medicare Act in 1965. In 1987 CRI's income was over $12 million from a variety of sources: federal grants and contracts of over $2.5 million; Medicare fees of $1.35 million; housing, nutrition and residential service income of $3.2 million; local United Way funding of $207 thousand; and contributions. Under a contract with the St. Louis Area Agency on Aging (AAA), CRI oversees the nutrition programs at 45 sites where congregate or home-delivered meals are provided to assure that the food service meets AAA specifications. CRI is also contracted to provide supportive services at Senior Centers and provides training of staff of the Centers.

CRI provided home health care to 1,823 persons in 1987 paid for by Medicare, Medicaid and other insurance programs. Nurses, therapists, medical and social workers and other skilled staff were supervised by CRI. Unskilled care, not covered by current insurance policies, remains an unfilled need. Some unskilled help is available through the Area Agency on Aging, or by private providers at from $7.25 to $11 per hour. According to CRI's Executive Director, there are now over 58 home health care provider agencies in the area, too many for each to have sufficient volume to be economical. Each of the 30 hospitals has started a program and receives a higher profit than does Ritter. CRI feels that allowable in-home care days should be reduced under Medicare, just as the number of days of hospital stay has been under Diagnostic Related Groups (DRGs).

In the medical area, the Director sees a need for good quality, affordable nursing home care. There are not enough beds available for Medicaid patients since the payment allowed is less than actual cost per Medicaid patient by about $10 per day.

CRI also sponsors a Foster Grandparent Program (354 participants in 1987), and a Homemaker Program which provides personal care and light housekeeping (1,020 persons served).

B. Programs and Services for the Elderly

St. Louis is national headquarters for the Senior Olympics Program and the OASIS program - Older Adult Services and Information System - concerned about the quality of life for persons over 60. AARP is active in the area and many Senior Centers, which have no income criteria, also provide opportunities for socializing, congregate meals, educational programs, and participation in Silver Haired Legislatures. A limited number of Adult Day Care Centers provide services for the frail elderly.

1. Senior Centers

The Mideast Area Agency on Aging (MEAAA) sponsors 37 Senior Centers in the four county area under its jurisdiction; and the St. Louis Area Agency on Aging, 45 Centers. The only requirement for attending a center and participating in the congregate meals is being 60 years of age or older and making a reservation for the meals. There is no income limitation.

The Centers sponsored by MEAAA offer educational, recreational and health programs, arranged through sub-contractors. Programs at the Centers vary. Some

Centers have exercise classes, arts and crafts, and films borrowed from the public library. One has a GED program and there is interest in conducting Adult Basic Education (ABE) programs. At some, oral histories are being taped. The University of Missouri-St. Louis, UMSL, is becoming involved in providing classes at some Centers, as is Webster University. Many provide blood pressure checks. One Center has its own orchestra; most have a "greeter" to make new participants feel welcome. MEAAA staff or someone from its "Speakers Bureau" go out to Senior Centers and other Senior Clubs to tell about the services available in the area. Housing is high on the request list for help. According to an MEAAA staff person, "Socialization is the greatest benefit, particularly for men living alone. They find something worth living for. But people who have worked all their lives are not accustomed to having something for free. It may be scary the first time."

A contribution for meals is requested of from $1 to $1.50, but is not required and usually less is given. The response to a question as to whether participants take food home was that some women do stuff their purses, although they are not supposed to do so. Some transportation is usually available for those needing it. There is currently a worry that federal funding may be "drying up" and alternate sources of funds may be needed.

The location of the Centers is determined by the availability of space and cost. Many are in Churches. They are open usually from 9-3 five days a week. Although most participants come from the neighborhood of the Center, about two-thirds of the participants in one Center in a poor area come from the surrounding wealthier neighborhoods because of the quality of the services and programs offered.

Attendance at the Centers in the city, however, seems to be falling off. Younger, financially better off retirees seem to go to AARP chapter meetings instead to socialize and to take advantage of AARP arranged trips, according to the Director of the St. Louis AAA. One Center with a pool table, however, continues to attract men. The Center Directors meet monthly and agree that better outreach is needed. The Centers are not reaching many in need of the services provided. Even a national television program on the problems of the elderly did not mention the Area Agencies on Aging as a resource.

2. Older Adult Service and Information System (OASIS)

OASIS is a nationwide social, educational and cultural program for older adults. It celebrated its fifth anniversary in 1987. The program was started in St. Louis by Marjorie May of the May Department Stores and Marylen Mann because of a concern for the quality of life for older adults - those over 60. By the end of 1987, 18 OASIS Centers were operating in 13 cities, including Pittsburgh, Baltimore, Cleveland, Los Angeles, Denver, Portland, San Diego, Phoenix and Cincinnati. The first programs were held in an auditorium of a suburban Famous-Barr Department Store which belongs to the May Department Stores Company. The Mideast Area Agency on Aging initially funded the St. Louis program for a period of three years. Eight thousand persons signed up for the first program in 1982. There are no criteria other than age for admission to the programs. Membership is free, the only cost being for art supplies for those taking art classes. Many volunteers assist the program, including volunteer instructors. Some teachers are paid. The Centers are generally open from about 10AM to 1:30, Monday through Friday. Nationally each Center has a local Advisory Committee of members of organizations such as local colleges and universities, the Area Agency on Aging, and art museums. The program frequently affiliates with a hospital in the community. In St. Louis a May Company affiliated department store provides space for the Center, prints the curriculum fliers, and may provide discounts on the days holiday celebrations are held at the store. The development of a new Center is slow. A non-profit sponsor must be found, such as a University or YMCA; an Advisory Committee must be formed; and a Program Coordinator hired, who must know the community and who is key to the success of the program. Most Coordinators work only part time.

In St. Louis OASIS is affiliated with the Jewish Hospital and is currently involved in research funded by the National Institute of Health (NIH) to interview patients hospitalized with hip fractures in an effort to learn preventive measures. OASIS volunteers are trained to be interviewers. Modern Maturity, an AARP TV program, featured the St. Louis OASIS program in September, 1987. Paine Webber has become a national sponsor and provides classes in investing at the Centers, but is not allowed to sell its services directly.

There are no classes in preretirement or retirement planning currently offered. Subjects taught include arts (e.g. portrait sketching, creative writing), the humanities (e.g. contemporary issues, exploring Missouri's past), and wellness (exercise and yoga, stress management). "Activate Your Health" has just been published. Examples of activities include an exhibit and publication of "Living Treasures", produced by the classes in creative writing, which identified and described ethnic artists in an attempt to preserve the art of the various countries. Intergenerational classes are also held at the Centers (now three in the area) to transmit these skills to the youngsters. For the Arts Festival held each year in St.

Louis, OASIS prepared an exhibit on "The Immigration Experience." OASIS students, all over 60 years of age, took six weeks of classes in writing and painting to prepare for the exhibit. Southwestern Bell then prepared a videotape for school children based on the exhibit. OASIS also sponsors special events, including museum tours, a film series, dances, theatre parties and trips. A survey has just been conducted of the 22,000 OASIS members in St. Louis to determine their priorities.

Participants vary depending on the location of the Center. According to one of the Directors of the program, "we have a few Blacks, but not as many as we would wish."

3. American Association of Retired Persons (AARP)

In the St. Louis area there are 46 AARP chapters, each of which has a community service program. Members are recruited through ads in community and city newspapers. Each chapter finds its own place for monthly meetings. The community services provided vary; for example, some members work for Red Cross Bloodmobile or Meals on Wheels, some arrange Bingo parties in nursing homes. AARP slide presentations, provided free by national AARP, are frequently shown at Chapter meetings on various topics and/or there are speakers. Many non-members ask to speak at meetings, because the over 500,000 members in Missouri "have a lot of clout." Those selling products or services are not invited to make presentations. Some chapters also arrange trips and social affairs.

The Presidents of each Chapter meet in a Presidents' Roundtable every two months and hear speakers from various organizations. Some Chapters have a Citizen Representation Program and suggest retired persons to serve on Boards of companies and of government or community agencies. Agencies seeking representation from the elderly community for their Boards come to the Presidents' Roundtable to solicit members.

A State Legislative Committee meets monthly at the State Capitol with a coalition of Senior Citizens groups to work out common positions on issues. The coalition includes the Silver Haired Legislature whose members represent each political jurisdiction and are elected at Senior Centers. Persons submit names at the Area Agencies on Aging to be nominated.

National AARP is expanding its organization of Chapters and is conducting a pilot Chapter organizational campaign in Florida and Wisconsin. In Missouri, the Assistant State Director is assigned to assist nine chapters, each of which she must visit twice a year to assure that they follow the guidelines of the National Association. She was trained by AARP, and has her expenses paid but receives no salary.

AARP was requested by GM to make a retirement planning presentation to workers who were laid off or took early retirement. An AARP member, who is an expert in pre-retirement planning and teaches at St. Louis Community College, made the presentation.

4. Educational opportunities

Educational opportunities for the elderly in St. Louis area are available through three types of programs: informal programs sponsored by community groups; specialized adult education programs, including basic education; and more formal college and university courses. Some educational institutions, particularly Junior (Community) Colleges, are beginning to tailor some courses specifically to the elderly, recognizing the significant differences in their interests and preferences. The metropolitan area has six community or junior colleges and an equal number of four-year colleges or universities offering undergraduate programs. St. Louis Community College allows a 50% reduction in tuition for most classes for those over 60 and conducts a Symposium for Older Adults once a year. Participants who must be at least 50 years old can choose three workshops among those offered, which range from gardening to financial planning. They also become acquainted with the College, and have lunch. The College is working with CORP to get the word out about the Symposium. Previous efforts to hold weekly seminars for older persons attracted only a few persons.

The elderly also participate, although to a limited degree, in adult basic education courses (ABE) available in a variety of locations, including schools, churches, libraries and community service agencies. For example, only two percent (71) of the 3200 persons served by the adult basic education programs in St. Louis in 1985 were over age 65. The elderly seem more willing to attend if transportation is provided, as evidenced by the larger number of participants at a Center where special bus service is available to the site. They also seem to prefer individual tutoring rather than a classroom setting. There is a long waiting list for the St. Louis ABE tutoring program, but no waiting list for participating at classroom sites. When classes were offered at all senior citizen housing sites to the residents in the summer of 1986, no one applied.

The Continuing Education Division of UMSL conducts two Elderhostel programs each year as part of a national program. According to the Director, Elderhostel attracts persons who have been interested in education all their lives. Not many blue collar workers attend. The University also provides Elderfare - a ten percent reduction in the cost of tuition for non-credit courses for Seniors, but no reduction for credit courses. Most classes meet in the evening, however, and do not attract many elderly.

5. Recreational opportunities

There are also opportunities for the elderly to be active in participatory recreation programs, some especially designed for this population. The Active Adult Program of the Physical Education Department of UMSL attracts 40-50 persons to its exercise classes which meet regularly two to three times a week. YMCAs conduct fitness classes at local Senior Centers, and the local Senior Olympics, sponsored by the St. Louis Jewish Community Centers Association (JCCA), offers a variety of sports competition events for seniors. The JCAA program is one of about 42 qualifying sites, local and regional, which send participants to national Senior Olympic games every two years for competitive events coordinated by the U.S. National Senior Olympics office in St. Louis. Seniors are divided into age groups of five years starting at 55 and ending with 80 plus. The first national games were held in 1987 with over 4000 participants. Events include bowling, tennis, track and field, archery, badminton, swimming, and fun walks among others. In St. Louis qualifying events were held in 1988, before which a six week exercise class warm-up program and clinics in 18 sports were held. Other games are not athletic, such as checkers, bridge, and other social games. The program attracts 1400-1500 persons from a tri-city area.

The St. Louis County Parks and Recreation Department sponsors a Senior Citizens Day at the National Museum of Transport attended by 300-400 persons. It also sponsors a Senior Citizens Fun Festival in a County park each August, with entertainment, bingo and other games.

6. Retirement planning

Retirement preparation courses are available through about 30 formal programs in the area. Courses are offered by employers, usually the larger ones; service agencies, such as the Jewish Community Centers Association; the colleges, such as St. Louis Community College; and churches. The St. Louis County Older Resident Program (CORPS) offers pre-retirement planning consultation to organizations and employers which request assistance, such as Krogers and General Motors. Materials are also made available for courses through some national organizations such as the National Council on Aging and the American Association of Retired Persons (AARP).

However, The Labor Council President feels that retirees now are not prepared for retirement. Many retirees are unrealistic about their future. Some pay off mortgages to "be secure" and are unable to evaluate their assets. He feels that pre-retirement planning needs to be done jointly by employers and unions. Getting people to come to preretirement courses, however, is hard. According to the President, "They (workers) need to start early at about age 55. The UAW tends to institutionalize help with workbooks, and many internationals are too isolated from local retirees. However, it is difficult to get locals to become interested in providing preretirement planning, especially those of small construction companies. Larger corporations or groups of small corporations need to be involved." One utility company started a program of phased-down income, by withholding increasing amounts of earnings of persons nearing retirement until the level received reached that of expected pensions, in order to get people to realize what their financial situation would be after retirement. Funds withheld were put into a savings account which could be tapped in an emergency.

A private consultant on retirement planning, the author of a well received book on the subject, who has tried to sell her services to unions and employers has had difficulty in interesting either group. She said, "They are not willing to pay the cost." She also feels that people are reluctant to explore "who I am beyond what I do. Retirees need information about community resources (which her book details) but one third don't know what is out there, and two thirds don't use the services." She has found an adversarial relationship between for profit and public agencies, and is "appalled at the turfdom among narrow minded social service agencies."

7. Elder Care

An increasing need is in the area for respite for caregivers of the frail elderly, particularly those suffering from Alzheimers Disease. Several model programs exist, but on a limited scale. Three are described below. As one Center Director said, "These centers are not money makers, so there seems to be little interest in the private sector for creating them." She hoped the government would recognize that support of day care for the elderly results in a net saving, since it avoids the cost of long-term nursing care and allows home caregivers to be employed, at least part time. The centers provide services supported by Medicaid.

Most of the day care centers are supported by religious groups, often in conjunction with, and funded in part by, other non-profit organizations such as the Red Cross and the

University of Missouri, or by an Area Agency on Aging. Some provide opportunities for participants to interact with young children. Some also arrange for animals from the Humane Society to be brought for the participants to play with. For example, the Eldercare Center is sponsored by the University of Missouri, the MEAAA, and the Sisters of Divine Providence on whose grounds it is located. The participants interact at times with the male students enrolled in a school also on the grounds. The Center is the only one in the County for those sixty years of age or older who are frail or living alone who are in need of health care supervision, socialization and/or rehabilitation during the daytime. It is open five days/week from 7:30-4:30.

The Center provides nursing supervision; educational and recreational activities; physical, speech and occupational therapy; a hot lunch and snacks; and van transportation when needed. It is staffed by professionals, assisted by three employees funded under the Older Americans Act, Title V who are individuals over 55 and with low income. University nursing students also assist, as well as students from a beautician school. Food is supplied by the Ferguson Senior Center. Once a month the Humane Society brings animals for the participants to play with, and the Senior Follies Group of the County Older Residents Program comes to perform.

Another Center charges $22 per day and subsidies may be provided if needed. Families served since the Center opened in July, 1985 total 127. There is a current enrollment of 40. Twice as many women have been served as men; almost five times as many whites as blacks. Since 1985, the largest group (74) by medical diagnosis has Alzheimers, 23 have/had arteriosclerotic heart disease, and 14, a cerebrovascular accident.

Most have been referred by family or friends, a social worker or hospital, or the Cardinal Ritter Institute. Some have responded to information in the newspaper.

A Center located in the city of St. Louis is a pilot program of the Red Cross. It rents space in a church which also has a pre-school program, and arranges some joint activities of the elderly with the children, such as holiday parties and trips. The adults, all of whom have some disability, enjoy interacting with the children but for only a limited period of time. Participants are referred by Social Work Agencies, Family Service, nursing homes, and other sources.

The St. Elizabeth Adult Day Care Center, also in the city, is operated by the Sisters of the Most Precious Blood in connection with St. Elizabeth Academy. The Sisters and the Academy have been actively serving other age groups in the community for over 100 years. Now, at the beginning of its second century, it is expanding its horizons to serve the elderly through an Adult Day Care Center.

The Center's goal is two fold: first, to provide a safe, stimulating environment for at-risk elderly, and secondly, to provide respite for the primary care-giver. Two-thirds of the participants suffer from some sort of dementia. A unit of service is defined as five or more hours of care provided per person per day. In July of 1987, 746 units of service were provided, an average of 31 per day at a cost of $23.25 per person per day.

According to the Administrator:

> One of the greatest needs of caregivers of the elderly is respite. Day care does provide some respite, but by its definition it is limited. There are very few, if any, agencies that will provide over-night, over week-end care for the elderly to give the primary care giver some relief. Another gap in service are adult day care centers with admission criteria comprehensive enough to admit persons who are incontinent, cognitively impaired, need

assistance with eating, personal hygiene and other activities of daily living, are disoriented to time, place and self and those exhibiting behavioral disturbances. Our center admits persons with these disabilities, but many centers will not.

Neither St. Elizabeth nor the other centers presently interact with labor related organizations or coalitions, but St. Elizabeth indicated it would welcome such interaction.

8. Housing

The St. Louis Authority provides Senior Citizen Housing in 16 buildings which have an average of 130 apartments in each. If some of the residents are union members, they don't identify themselves as such. The National Council of Senior Citizens is active in the housing complexes registering persons to vote and arranging for absentee ballots. Some complexes are polling places at election time.

There are monthly tenant meetings, and residents volunteer to welcome new tenants, serve as floor captains, and be members of "wake up" groups which see if all residents are "OK". Some churches have adopted buildings, provide transportation and holiday and birthday parties for residents. All buildings provide congregate meals and home delivered meals for the homebound. Some classes are offered, including adult basic education and GED, but few residents go. Most classes are taught by volunteer retirees. The Director of Senior Citizen Housing said, "They can count their money even if they can't read." In one building bingo is played for prizes of cans of food brought as the entry fee. Students from Forest Park College volunteer to read to the elderly and do chores. "The residents also go to every activity in the city for Seniors." The major need in the housing units is the service of a social worker or doctor to act as ombudsman if a resident becomes senile or schizophrenic and may be evicted.

The Lutheran Altenheim Society of Missouri provides counselling in exploring housing options for the elderly, and operates housing facilities in cottages and apartments, in addition to a nursing home and residential care facility. A Professional Social Worker discussed institutional and non-institutional options available and helps arrange the placement based on the level of care needed. The Society has published several pamphlets in a series "Aging in Perspective" which include: "Nursing Homes, Cost and Financing, "Nursing Homes, The Search for a Good Home"; and "Nursing Homes, Preparation for Entry"; "Positive Thoughts About Aging"; and "Losses and the Older Person" which outlines sociological and physical losses as one ages.

The Cardinal Ritter Institute's housing programs serve persons over 62 years of age with varying income levels in private and public housing developments. One private development is for middle and upper income senior parishioners. Four residential care facilities provide 24 hour medical care assistance and serve three meals a day; five facilities provide subsidized housing; and CRI also manages over 1400 units of housing under contract to the St. Louis Housing Authority. Because there is a long waiting list for the private housing units no outreach is conducted. A few of the public housing complexes mix age groups; have some buildings for families and others for only seniors. A few senior buildings are also AAA Senior Center sites.

Both the Pipefitters and Teamsters Unions sponsor housing complexes. (See VI.)

9. Long-Term Care Ombudsman Program (LTCOP)

A Nursing Home Ombudsman Program is administered by the Lutheran Mission Association, and is funded by the St. Louis and Mideast Area Agencies on Aging, foundations, corporations and individuals. Volunteers act as neutral mediators between nursing home residents and staff. The volunteer visits an assigned facility for a half day per week and talks with residents to make them aware of their rights and identify any problems. Issues explored include managing finances, freedom from abuse or restraint, privacy and respect, participation in activities, retention of private possessions, and marital privileges. The "Ombudsletter" is published monthly and contains articles on topics such as nursing home insurance, volunteer of the month, regulation of the month, and veteran and dependent benefits. The program began in St. Louis in 1979 as part of a national program. In its first six and a half years of operation it trained 162 volunteers, who served over 17,800 individuals.

10. Volunteer opportunities

As exemplified by the Ombudsman Program above and the County Older Residents Program described earlier in Section IV.A. 3, opportunities exist for retirees to volunteer in St. Louis for assisting the elderly. Opportunities also exist for working with other populations, such as youth and illiterate adults not yet retired.

Volunteers are used and more are needed to provide services to the elderly: deliver meals to the homebound, telephone and visit those living alone, drive persons for medical care, and help with chores and shopping. Volunteers also serve as teachers' aides, literacy instructors, and office assistants in non-profit organizations.

The Cardinal Ritter Institute uses volunteers in its Friendly Visitor and Phone-A-Friend programs for the elderly, and in the Retired Senior Volunteer Program (RSVP) which it administers through which persons over 60 work in the community in schools, museums, day care centers and other organizations. The Adult Basic Education program uses volunteers in classroom settings and also as tutors on a one-to-one basis, and is reported in a United Way publication for 1987 to have a need for about 300 more tutors.

The degree of involvement of union retirees in these programs could not be determined, but the perception is that many do not know of these opportunities and that many more might be recruited to participate.

V. ADVOCACY ACTIVITIES FOR THE ELDERLY

The Missouri Council of Senior Citizens and the Committee on Political Education (COPE) are the major union oriented advocates for the elderly in the state. In addition, the two Area Agencies on Aging in the St. Louis metropolitan area, the County Older Residents Program, AARP, and the Silver Haired Legislature advocate on behalf of senior citizens. The Legislature sets five priority issues for state action each year on senior citizen issues. To date there does not seem to be widespread involvement of union retirees in the Legislature whose members are elected through the Senior Centers. It was not determined whether union retirees take advantage of the opportunity to serve on the Boards of advocacy groups. As mentioned in the discussion of AARP, some AARP chapters actively work to place seniors on Boards of many organizations.

The Missouri Council of Senior Citizens (MCSC) was organized in 1978 by NCSC as a grass roots advocacy organization. In the past, 90 percent of the membership was union-related, but organizing is now being done also through Senior Centers and in subsidized housing developments. Members serve "at large" and are concerned with state and national issues. The head of MCSC serves on the Executive Council of the National Council of Senior Citizens (NCSC). The state President feels that some of the union retiree clubs "fall very short" in political action, but rather only "get together for dinner." MCSC has an "on again, off again" relationship with the AFL-CIO Labor Council because of UAW/Council conflicts - the MCSC is housed in the UAW Regional office. In Illinois, however, which includes some of the St. Louis metropolitan area, the UAW and the State Federation of the AFL-CIO have a close relationship.

Current MCSC activities focus primarily on health care issues: access and quality, cost of drugs, hospital admission and discharge procedures, accurate information about Medicare, and requiring representation of seniors and low income persons on Boards of Directors of hospitals. MCSC is also getting into other consumer health issues, such as providing information on nursing homes, and publishing a Doctor's Directory which will include information on the degree of public aid provided by each doctor and his/her receptivity to Medicare assignment. A State health care campaign was "kicked off" in October, 1987. A health task force coalition includes retirees from BCT, UAW, and IAM; representatives from Senior Centers in low income areas; members of ACORN; members of the Citizens Labor Coalition; and Postal Workers. The campaign uses materials of the National Health Care Campaign in which NCSC is participating, and articles from the NCSC newsletters.

Other priority issues are housing and transportation. MCSC is also working with the Reform Organization in Welfare to expand Medicaid further to include the elderly. The state program now includes children under five and pregnant women.

There is no competition between NCSC or MCSC and union retiree clubs for membership. For example, any retiree club with 20 or more members who also belong to NCSC is qualified to join NCSC as a club, and can keep $1 of the $10 per year individual dues paid to NCSC. Dues are $2 per year to MCSC. There has been confusion as to the number of local chapters and of individual members formally associated with NCSC. Some local NCSC clubs which are supposed to exist and might be recruited to join MCSC cannot be located, due it seems to the fact that the national NCSC list of local NCSC clubs and members has not been accurate. The MCSC President reported very favorably, however, on the meeting of the Executive Council of NCSC held in March, 1988.

The relationship of MCSC with AARP at the State level is good. MCSC also is encouraging members to become involved in the Missouri Silver Haired Legislature, and there is usually general agreement on topics such as the need for long term care and insurance against catastrophic health expenses, although MCSC may differ on some specifics.

VI. NEEDS AND CONCERNS

The needs of the elderly in the St. Louis area are reflected in the programs and services administered by the agencies funded by the Area Agencies on Aging, the United Way and the other major providers. These include opportunities for socializing, affordable housing, comprehensive medical insurance and accessible and affordable medical care, eldercare centers to provide respite for home care givers, transportation available for visits for medical care and other necessary trips, special transportation facilities adapted to the physical needs of the elderly, companions when necessary, income security, and individual safety. Although programs exist to address these needs, resources for many programs are not adequate and there is a lack of coordination among providers. A major need of retirees in the St. Louis area is for better information about the community resources available to them. Such information might do much to reduce the apathy attributed to union retirees regarding their participation in activities other than social - bingo being a major attraction.

A major concern of retired union members is the possibility of loss of pensions and medical insurance. Income security is a concern not only for the retired worker but also for a surviving spouse. The Carpenters Retiree Club is concerned that many of their members have not written wills and that spouses are not informed about their entitlements. Communication workers worry that the Southwestern Bell Company might cut back on their health care coverage. The medical insurance plan which was started in 1981 is not fully funded, and they are aware of the problems the steel company retirees have had. In addition, the following needs of retirees were identified by the Labor Council President:

1. Residential facilities for healthy retirees who don't need custodial care, but who want to be with their peers. Senior citizen housing is not attractive to many, but affordable housing is scarce. For example, the Pipefitters have a complex of retiree homes with a five year waiting list. The Teamsters also have a large housing development, but few vacancies. The Council once tried to develop a retiree housing complex on the campus of a small college in St. Louis. It was thought that the retirees would interact with the students, and that the school which taught nutrition and geriatric courses would provide services to the retirees as field work for the students; but the college politics changed, and the project was abandoned.

2. Reasonable group supplemental medical insurance. Blue Cross/Blue Shield does provide a cheaper, but still expensive, group rate for Labor Council members; other providers' rates are much more expensive. Medicare needs to be more realistically evaluated. The rates paid for assignment are often too low. Most supplemental policies pay only whatever deductible and copay is approved by Medicare, not the difference between the doctor's fee and Medicare, leaving a large balance to be paid by the retiree. The use of HMO's is increasing and the Council President feels that HMO's should be considered in planning health care. "The workers don't realize that their family doctors may be dead by the time the worker retires, but there is a reluctance to go to clinics. Also, in terms of medical costs, retirees don't realize they might be able to bargain with their doctors to charge them less, and most don't try."

3. Pre-retirement planning. Most union retirees in the area have not participated in pre-retirement planning programs and have unrealistic expectations about their assets

and later years. Getting them to attend those courses that are available, however, is difficult. Courses might include financial planning, medical insurance, Social Security, recreation and family relationships.

4. Heating costs and housing repair. A local nun is trying to organize youth and retiree volunteers to help with home repairs. Some construction trade unions have been generous in giving time and services for small projects; but those locals with over 11% unemployment have difficulty accepting the fact that the volunteers' work being done wouldn't be done otherwise and, therefore, would not create paying jobs for active members. But volunteer activities are also difficult to administer because of the need for insurance and indemnity against property damage.

VII. SUMMARY AND CONCLUSIONS

As in other industrial cities in the United States, St. Louis has suffered from plant closings and plant relocations. Many of the union retirees have negotiated good pensions and medical coverage, and are enjoying retirement by socializing and travelling, with little involvement in community affairs, and little use of community services. Others feel less secure, aware of the loss or reduction of these benefits for retirees from some companies in the steel industry.

There are diverse programs and services available for the elderly; but there is inadequate dissemination of information about these programs and services to the union affiliated retiree organizations, and little outreach to recruit union retirees as volunteers for these programs. Funding was provided by governmental agencies at the city and county levels, sometimes acting as pass-throughs for federal funding; by private foundations; by community agencies such as the Red Cross and United Way; and by fee-for-service programs such as courses at a Community College for which tuition is charged. Some programs, such as Senior Centers have multiple funding sources. The lead funding agencies were the two Area Agencies on Aging (AAA), and the United Way, particularly for the indigent. The administration of most of the services and programs funded by these agencies was contracted out, except for Information and Referral. The programs were administered by a variety of agencies, public and private, religious and secular. However, there was a lack of coordination of services and a degree of turfdom among agencies which seemed to lessen the efficient use of the scarce resources available.

Retiree clubs affiliated with local unions are the principal means by which retirees remain in contact with the agenda of organized labor and with their peers. Retiree clubs should assess the interests of their members and organize programs, or make known community programs and services, to serve members' interests. Officers should not be constrained, however, by expressions of interest only in "Bingo" but should encourage participation in a broad range of social, educational, athletic, community service and other types of activities. (See IV. Community Programs and Services.) Retiree clubs should also contact service providers to discuss representation of union retirees on their Boards of Directors. Through the Senior Centers, they should try to get more retirees elected as Silver Haired Legislators to assure that labor's views are represented.

In St. Louis, however, some former workers commuted long distances to their places of employment, were employed by small companies scattered over a wide area around the city, or have moved and can not easily attend monthly or periodic meetings. Many local unions also do not have current mailing addresses or phone numbers for their retirees. The retiree clubs get varying amounts of support from their locals. Some locals provide space, money for food served at club meetings, and some secretarial support for mailings. There is little interaction among retired and active workers, except perhaps at an annual picnic or holiday party, or for some political or legislative activity. Another difficulty in organizing retiree clubs is in finding a retiree willing to assume the responsibility of being a retiree club officer, especially the President or Recording Secretary. Some are discouraged by the general apathy of club members.

St. Louis is fortunate in having a Labor Council with an interest in retirees. It sponsors a Retirees Group which has representation from a large number of retiree clubs. However, judging from a March 1988 meeting of the Group, meeting agendas focus on political issues and offer an opportunity for socializing and exchange of information about the well-being of other members who are absent. The potential for motivating retirees to broaden their interests and participation in the educational, recreational and cultural activities available in the community is not being achieved. However, service providers, in general, have not considered reaching out to organized retiree organizations, particularly union retiree clubs, either to offer services or to recruit volunteers.

Some services, such as subsidized housing, are limited to persons who meet certain income criteria, so that those retirees with good pensions or other sources of income may not be eligible. But most educational programs and Senior Centers which offer a variety of programs and services have age as the only criterion. The elderly population seems to be growing faster than the resources available from either government or local resources to meet the needs, particularly for the frail elderly. The unions and their retiree organizations may want to consider providing services needed but not available to their members because of eligibility criteria or lack of community resources.

APPENDIX 1. ORGANIZATIONS AND PERSONS CONTACTED

AFL-CIO Labor Council
Amalgamated Clothing and Textile Workers (ACTWU)
American Association of Retired Persons (AARP)
American Red Cross Day Care Program
Bakery, Confectionery and Tobacco Workers (BCT)
Cardinal Ritter Institute
Carpenters' Retiree Club
Center for the Frail Elderly
Communications Workers of America (CWA) Retired Members Club, Local 6320
Confluence St. Louis
County Older Residents Program (CORP)
Human Resource Development Institute (HRDI)
International Association of Machinists (IAM)
International Brotherhood of Electrical Workers (IBEW)
Jewish Community Centers Association
Leadership St. Louis
Lutheran Altenheim Society of Missouri
Lutheran Mission Association
Metropolitan Re-Employment Project
Mideast Area Agency on Aging
Missouri Council of Senior Citizens (MCSC)
National Council of Senior Citizens (NCSC)
OASIS
Retiree Consultant
Service Employees International Union (SEIU) Local 50
St. Elizabeth Day Care Program
St. Louis Area Agency on Aging
St. Louis Community College
St. Louis County Parks and Recreation Department
St. Louis Housing Authority
UAW
United Food and Commercial Workers (UFCW)
University of Missouri, St. Louis (UMSL)
U.S. National Senior Olympics
United Steelworkers of America (USWA)
United Way of Greater St. Louis

APPENDIX 2. RESOURCE MATERIAL REVIEWED

CARDINAL RITTER INSTITUTE

"Creative Care For The Older Person"
"Foster Grandparent Program"
"Home Care Program"
"Homemaker Program"
"Retired Senior Volunteer Program (Discover the Satisfaction of Volunteering)"
"1987 Annual Report"

CONFLUENCE ST. LOUIS

"A Message To The Community"
"Confluence News"

COUNTY OLDER RESIDENTS PROGRAM (CORP)

"Jobs For Seniors"
"Legal Assistance For The Elderly"
"Senior Citizens Handbook (Laws and Programs Affecting Senior Citizens in Missouri)"
"St. Louis County Older Resident Programs"
"Volunteer For The Fun Of It"

LUTHERAN ALTENHEIM SOCIETY OF MISSOURI

"Aging in Perspective: Housing, Alternatives to Explore"
"Aging in Perspective: Losses and the Older Person"
"Aging in Perspective: Multi-Generations, Under One Roof?"
"Aging in Perspective: Positive Thoughts About Aging"
"Aging in Perspective: Nursing Homes, Another Adjustment in Living"
"Aging in Perspective: Nursing Homes, Cost and Financing"
"Aging in Perspective: Nursing Homes, Preparation for Entry"
"Aging in Perspective: Staying Alone, Problems and Solutions"
"Aging in Perspective: Nursing Homes, Resident Visitation"
"Aging in Perspective: Nursing Homes, The Search for a Good Home"
"The Lutheran Good Neighbor"

LUTHERAN MISSION ASSOCIATION

"Ombudsletter"
"The Nursing Home Ombudsman Program Can Help You"

MID-EAST AREA AGENCY ON AGING

"Annual Report"
"Services for Seniors"

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS, DIVISION OF EMPLOYMENT SECURITY, MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF MANPOWER PLANNING

"Labor Area Summary"
"St. Louis Employment Outlook"

OASIS

"OASIS: 1987, Fall"
"Rx For Quality of Life"
"St. Louis Life Treasures"
"The Immigration Experience"

ST. LOUIS AREA AGENCY ON AGING

"Aging And The City"

U.S. NATIONAL SENIOR OLYMPICS

"U.S. National Senior Olympics Program Magazine"

UNITED WAY OF GREATER ST. LOUIS

"1987-1988 Directory of Health and Human Service Organizations Supported by contributions to the United Way of Greater St. Louis"
"Program Profiles Elderly"

PROGRAMS AND SERVICES FOR UNION RETIREES AND OLDER ADULTS: A COMMUNITY STUDY OF SEATTLE, WASHINGTON

Lester Trachtman

E

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I. INTRODUCTION

The city of Seattle, Washington is a modern, growing, cosmopolitan city known for its beauty, inclement weather and hilly terrain. It is the largest metropolitan area in the state with a solid industrial base and a highly developed public transportation system. Its spectacular geography and location make it a very attractive city to visit, though the weather and hills may create some difficulties for seniors. Services for seniors in Seattle are well coordinated through the Seattle-King County Division on Aging, the United Way, and the Seattle Mayor's Office for Senior Citizens. As a leader of the Gray Panthers expressed it, "Seattle is a good city to grow old in."

II. COMMUNITY PROFILE

A. Characteristics of the Population

Seattle is in King County, Washington and its senior services are primarily administered by the Seattle-King County Division on Aging (SKDOA). A large part of the demographic data as well as the information on senior services is therefore presented for the County as a whole.

The total population of King County is 1,269,000 of which 23% are 60 or over. Over half of the County's senior population live in Seattle. If we break the older population down further, we find that the City/County ratio is 53:47 for the 60-74 age group and 62:38 for 75+ age group. Apparently with advancing age more seniors prefer to be in the metropolitan area than in the smaller communities.

Women comprise 60% of the 65 and over total. Ethnically the County's senior population breakdown is 94% white, 3% Asian, 2% Black, and 1% other. In terms of income level, 90% of those 65 and over were above the poverty line.

B. Labor Market Conditions and Trends

Economically, the State of Washington and Seattle in particular appear to be in a strong, growth mode. In the 12 months ending in April of 1987, total employment in the state was up 52,200 or 2%. The Seattle metropolitan area experienced a much more impressive growth of 36,700 jobs or 4%, accounting for 70% of the employment expansion in the State. A substantial component of the growth has been the rise in aerospace employment, or more specifically in jobs at Boeing aircraft the largest employer in the area. Boeing has been receiving record numbers of orders for its aircraft resulting in 6,600 - 7,600 new jobs in 1987, most of which were expected to be in the Seattle area.

Non-manufacturing employment also had a distinct growth pattern. Retail employment showed a seasonally adjusted growth of 5,700 jobs in the second quarter of 1987, while the service industries showed a seasonally adjusted growth of 1,400 jobs for the same period. From 1977 to 1987 employment in the service industries has risen from about 250,000 to about 425,000 in the state. In the retail trades the growth in employment in the last ten years has been from about 240,000 to about 325,000. Looking at the broader picture, employment in this period has risen from 1.5 million to about 2.05 million.

The negative element in the economic picture has been the decline of the major private shipyards on Puget Sound. Shipbuilding has been slumping on a world-wide basis and the Seattle area has been particularly hard hit because of its higher wage rates compared to shipyards in other countries and other parts of the U.S. Since 1983, 8,000 - 9,000 jobs have been lost, most of them at the Todd Shipyards and Lockheed Shipbuilding.

C. The Union Picture

The central union body in Seattle is the King County Labor Council, AFL-CIO which brings together 125 local unions representing 73,500 members. There are several fairly large locals, or groups of locals from the same International. The linkage between the locals and community resources and activities is generally provided by the Labor Agency which is a separately incorporated arm of the King

County Labor Council. The Labor Agency is funded in part by the United Way, and its major projects include a retiree volunteer program, counseling and referral, and a food bank. It is also the channel through which the United Way seeks volunteers for the Boards guiding the various organizations it sponsors. In addition to United Way support, which finances all of the administrative and some of the program costs, regular contributions are received from various locals. The staff of the Labor Agency consists of an Executive Director, a social worker, and a bookkeeper plus a number of volunteers who provide help as needed. The Executive Secretary of the King County Labor Council is also the President of the Labor Agency.

D. Housing

There is a lack of adequate housing in downtown Seattle for low income seniors. Many have been forced out of their homes by the development of new office buildings. However, there is not a basic shortage in the greater Seattle metropolitan area. There are vacancies, although not always in the most desirable locations, and seniors do not have to wait more than a few weeks to be placed in senior housing projects.

A bond issue in 1981 resulted in 1,000 new units for the elderly and disabled. In 1986 a "special needs" bond issue for housing was passed which has led to the planning of additional construction. The City government has always been very supportive of the housing needs of seniors, but has not always been successful in resisting the encroachments by downtown office building developers.

III. UNION RELATED RETIREE ORGANIZATIONS AND ACTIVITIES

A. Puget Sound Council of Senior Citizens

The preeminent organization for union retirees in the Seattle area is the Puget Sound Council of Senior Citizens (PSCSC), an affiliate of the National Council of Senior Citizens (NCSC). This organization, with about 500 regular members and about a dozen affiliated organizations is a highly active body which is organized to work and lobby on behalf of seniors in the Seattle area. It is widely recognized as a major factor in the defeat of Senator Slade Gorton of Washington and his replacement by Brock Adams. The members of the State Legislature in Olympia are aware of its power as are many other elected state and local government officials. While the members of PSCSC join as individuals, many are active members or officers in different union retiree groups, the Gray Panthers, the Older Womens League, and the Senior Caucus of the Group Health Cooperative of Puget Sound.

Organized in 1984, the PSCSC has grown in its activity and effectiveness in the last two years. Today, the PSCSC is not only an NCSC affiliate but also an affiliate of the King County Labor Council and its official retiree organization. While the Council urges its member locals to have their own retiree organizations, when this is not possible the retirees are encouraged to join the PSCSC. The retirees have helped with Council organizing campaigns and are generally viewed as an "underutilized resource." However, some locals still have to be convinced of its value.

The PSCSC has no paid staff. Its officers and administrative staff volunteer their time. Recent top officers were leaders of retiree groups in the United Food and Commercial Workers (UFCW), the International Association of Machinists (IAM), the Sheet Metal Workers, and the American Federation of State, County, and Municipal Employees (AFSCME). The current President was formerly a leader in the Retired Teachers Association of Seattle. A small group of activists provide the leadership and the day to day administrative operation of the Council. When an issue arises the Executive Committee of the Council can quickly generate activity and support.

The PSCSC meets monthly attracting about 60 members to its regular meetings. In addition it has eight standing committees of which the following meet regularly: legislative, nursing home, membership, and finance. Its outreach extends far beyond its 500 members since they are activists in other senior groups. In addition, the PSCSC has a newsletter, published as the need arises, and a telephone-tree to help disseminate information on a timely basis.

The site of the Council's activities is a group of offices in a building named "The Labor Temple" which, as the name suggests, houses many local unions. Volunteers come in regularly to staff the phones, process the mail, and keep the activities flowing.

A recent political undertaking of the Council was placing an initiative on the ballot in Washington State to require doctors to accept Medicare assignment as payment in full for services rendered to seniors. The initiative was defeated due to strong opposition from the state medical association and the use of the AARP name in negative campaigns. However, the Council with the strong support of Washington Fair Share, a consumer public interest group, attracted significant support and recognition in the campaign. The large number of signatures on the qualifying petitions and the extensive publicity in the media made PSCSC a well known and acknowledged political power in the State.

B. Retiree Clubs of Local Unions

Of the 125 local unions belonging to the King County Labor Council, at least ten have retiree clubs that meet regularly. The organizations range in size from the substantial IAM Local 751 club with a membership of 5,600 to the much smaller International Longshore Workers Union (ILWU) Pensioners which numbers from 100-150. The average club has about 200 members and meets monthly. The clubs tend to be primarily social with occasional educational elements added. These regular meetings give the retirees a chance to talk directly with old friends and participate in recreation and leisure activities. At the same time they bring together people of similar social and economic backgrounds who share many viewpoints and political attitudes. They provide a ready forum for an advocate or educational speaker. Dues are nominal or non-existent, though sometimes there is a small dues charge for spouses.

A particularly strong and effective retiree group is the Retirees Club of Local 751 of the IAM which is undoubtedly the largest and most active of the local retiree clubs. It has a mailing list of 5,600 retirees who receive its newsletter. Meetings are held weekly and have 60-70 participants at a minimum with attendance over 100 not uncommon. The weekly meetings usually run all morning and feature both educational and social elements. The IAM District Council sets aside one cent per member per month for retiree activities.

While limited funds are often a problem for retiree groups, the AFSCME organization in the State and its subdivisions have effectively dealt with the issue. A large portion of the State retiree membership of 13,000 have their dues on check-off which finances a headquarters office in the state capital, a paid lobbyist/organizer, and clerical assistance. This strong state body supports five AFSCME chapters in the Seattle area.

The degree of interest in political and advocacy issues runs the gamut from the very active Ladies Auxiliary of the ILWU to the purely social program of the UFCW Retirees. The former may be a unique amalgam of active and retired workers' wives who meet regularly to discuss and act on issues. The ILWU accords the Ladies Auxiliary an affiliate status, which the men's club, the Pacific Coast Pensioners, does not enjoy.

Few clubs are known for their involvement in community activities. However, the retirees of Local 174 of the Teamsters Union have made a point of demonstrating community awareness. One of the top officials in the union is on the board of the Labor Agency and the local is also a significant financial supporter of the organization. The Teamster retirees are a major source of volunteers for the very successful Union Retirees Resources Program and also bring in cans of food for the Labor Agency food bank.

C. A Model Labor Program

As noted earlier the community service arm of the labor movement is the Labor Agency of the King County Labor Council. Among its projects which are primarily supported by United Way is the Union Retirees Resources Program. Its outreach, involvement of volunteers, image building for labor, and direct benefits for the elderly make it the type of senior volunteer program which other large labor groups around the country may wish to replicate. The Union Retirees Resources Program, started in 1975, is designed to arrange for retired union workers to become involved in volunteer projects for low income elderly and physically handicapped in the community. Services include minor home maintenance and repair, installation of security locks, appliance repair, installation of wheel-chair ramps and handrails, and consumer protection inspection and advice. The program is primarily implemented by volunteers from the trade unions and coordinated by a retired Teamster. In recent months, retirees from 12 unions have volunteered their time to help with home repairs in the Seattle area. The most popular of the efforts has been the construction of wheel chair ramps and hand-rails at numerous homes in the area. In the last 12 months, there were 4,000 phone requests for guidance and about 1,000 requests for "hands-on" help; 40-50 wheel chair ramps were built. United Way support covers necessary staff time, transportation costs, and material expenses. The project was the recipient of "The President's Volunteer Action Award" in 1983.

IV. POLITICAL, ADVOCACY, AND ADVISORY SENIOR GROUPS

A. Advisory Council on Aging

The Advisory Council on Aging is an official body of 27 members which guides the Seattle-King County Division on Aging (SKDOA). (See page 12.) Its members are non-paid, concerned private citizens who are active in and knowledgeable about senior issues. The Advisory Council's primary responsibilities are:

- To advocate on behalf of all elderly in the county.
- To sponsor and conduct public hearings and conferences related to the problems, needs, accomplishments, and interests of the elderly.
- To provide information on critical topics of interest to mature individuals including: social security, attitudes on aging, intergenerational programs, physical fitness, and older voters.
- To review and approve the allocation of funds to specific areas of service and the annual goals and objectives of SKDOA.

B. Seattle-King County Senior Citizens Communication Network

A related public group is the Seattle King County Senior Citizens Communication Network. This organization is basically a "telephone tree" run by volunteers with a strong advocacy orientation. It is sponsored by SKDOA which actively encourages senior participation in its work. The network has 156 members who can be reached quickly for telephone lobbying work. A large portion of its efforts has been focused on the state legislature in Olympia. In addition, the network sponsors a series of fall advocacy workshops for senior citizens. These workshops are aimed at increasing seniors' knowledge of the legislative process, acquainting them with state legislators, and explaining successful methods for lobbying legislators on senior issues.

C. Senior Caucus

The Senior Caucus is a fairly new organization of seniors and operates under the aegis of the Group Health Cooperative of Puget Sound, a local HMO of 347,000 members. The HMO was started about 40 years ago with the strong support of several unions including the IAM. The Senior Caucus was formed by some of the original members who saw the need for an organization devoted to the special health needs of seniors. There are now 30,000 members of the cooperative who are on Medicare and the Senior Caucus addresses their needs.

The Caucus has a quarterly newsletter and about 3,000 active members, though all of the seniors in the HMO can participate. It has 8 - 10 local district organizations which meet regularly and have speakers and presentations on health care issues. Financial support comes from the HMO and the members pay no dues. The Caucus was instrumental in getting the HMO to adopt a long-term care program which will provide nursing home care for up to four years. The Kellogg Foundation has made a grant to the HMO to promote the health education component of the Caucus.

D. Other Senior Groups

There are various other senior groups which exist in the Seattle-King County area, but constraints did not allow a careful study of their activities. Among the other senior organizations are the American Association of Retired Persons (AARP), the Older Women's League, the Gray Panthers, the Washington State Senior Lobby, and the Elder Citizens Coalition. Also, a number of Senior Housing projects have their own residence councils which vary in activity and interests.

V. COMMUNITY PROGRAMS AND SERVICES

A. Funding Agencies

1. Seattle-King County Division on Aging

The Seattle-King County Division on Aging (SKDOA) is the designated Area Agency on Aging for King County and is the focal point for channeling most public senior funds and for coordinating services to the elderly in the area. It is jointly sponsored by the City of Seattle, King County, and the United Way of King County. Its total budget of about $17 million reflects its sponsorship, with federal, state, and local funds used to support and maintain a comprehensive and coordinated service delivery system. The funds are distributed primarily via contracts to organizations and institutions which provide the services. There does not appear to be much duplication since the prime funding sources all have a voice in determining the activities of the SKDOA.

As stated in its policies, "A long range goal of the SKDOA is to enhance the capacity of the aging network to secure all present rights, benefits, entitlements, and resources under federal, state and local laws; to effect favorable changes in laws and regulations in order to develop new rights, benefits, entitlements, and resources for older persons." (SKDOA, 1983)

SKDOA is well regarded by the senior activists. It helps publicize activities and issues although it does not take positions. As one informed observer put it "The senior movement is sophisticated thanks to the Division on Aging."

Three programs are administered directly by SKDOA:

Outreach/Case Management
The Mayor's Office for Senior Citizens
Long-Term Care Ombudsman.

The Division on Aging subcontracts to other groups to provide the following senior services:

Information and Assistance
Transportation
Congregate Nutrition Services
Home Health Services
Legal Services
Senior Employment
Medical Clinics
Chore Services
Dental Care

The SKDOA office is guided by the 27 member Advisory Council on Aging which meets monthly. The Mayor appoints one-third of the Council, United Way appoints one-third, and King County appoints one-third. The Council in turn is assisted by committees which include experts who may not be on the Council. The major committees are Public Information, Legislative Advocacy, Housing, and Long Term Care. At present, there is one active retired unionist on the Council.

2. The United Way

The United Way organization in Seattle-King County plays a major role in sponsoring and/or supporting services for seniors. It is one of the three organizations that sponsors the SKDOA and thus has a major voice in determining funding priorities. United Way funds support a number of optional services for the aging as well as some of the mandated federal programs. The major services supported by United Way are:

In-home health care
Health maintenance
Congregate meals and home delivery of meals
Cultural transition
Transportation
Homemaker services
Chore services
Day health care
Respite care
Auxiliary services (Senior Centers)

Of particular relevance to our study is the basic support that United Way provides to two labor projects: the Union Retirees Resources Program (discussed earlier, see page 8) and the Community Service Program (an information and referral program for all people in need). Both are projects of the Labor Agency of the King County Labor Council and demonstrates that the local United Way organization is in a position to support organized labor in its community service outreach.

B. Programs

There are a wide variety of programs for the seniors of Seattle which appear to be well run and well structured with input from a broad cross section of the public including labor, corporations, and non-profit organizations.

1. Senior Services of Seattle

The major group of services for the elderly is administered by Senior Services of Seattle-King County, a non-profit, multi-service agency which works with people 55 and older in support of the objectives of SKDOA. Low income, isolated, minority, and frail elderly are given priority. Senior Services administers programs in the following areas, with the major programs described below:

Information and assistance
Nutrition services
Home health care
Transportation
Adult day care
Senior centers
Legal aid
Counseling
Homesharing
Home Repairs for the Elderly

a) Information and Assistance

This is one of the key programs for the senior population. Senior Services estimates that it provided information and guidance to 52,000 people in 1986. By using a single phone number, the senior can reach the Information and Assistance Service which has access to over 800 community resources enabling seniors to obtain information and guidance in such areas as housing, health care, transportation, and nutrition. The staff person can direct the senior to the appropriate agency, arrange for services, and follow-up to see that the services are delivered.

b) Nutrition Services

The provision of hot meals at least once a day is a basic component of the senior services mandated by the Older Americans Act. It is estimated that 776,000 meals were served by Senior Services in 33 senior centers and nutrition sites around the county. Meals also are provided by churches and agencies which serve minority populations. A related program is delivery of meals for the homebound. Approximately 328,000 meals were projected to be delivered to over 4,000 homebound in 1987.

c) Home Health Care

The major portion of this service is provided by the Visiting Nurses Service. Home Health Aides and Professional Visiting Nurses provide medical care needed to sustain the frail elderly in their homes over the long term. Over 10,000 visits were provided by Home Health Aides to over 200 people and 700 visits were made to over 100 people by Home Health Professionals.

d) Transportation

SKDOA estimates that almost 5,000 people will take 146,900 one way trips under its subsidized travel program. Senior Services of Seattle is responsible for travel arrangements which include emergency taxi service and volunteer drivers and escorts. The city, through its METRO system, is the major transportation provider. METRO has reduced fare permits, lift equipped buses, a taxi scrip program, and a rural van service for seniors.

e) Adult Day Care

Adult day care or respite care is an area which is receiving greater attention in projections for needed senior care. It is regarded as a cost effective alternative to nursing home care. In 1987, 250 people participated in adult day care activities offered by senior services. The program gives relief to those caring for an elderly parent or spouse while offering services to the senior in need of day care. These services include health assessment, occupational therapy, psychiatric consultation, counseling, social services, recreation, hot meals, and transportation.

f) Senior Centers

Senior Centers are highly regarded neighborhood institutions serving the needs of the elderly. They are not established on an income basis, but on the basis of needs of the local senior population. There are 34 centers serving King County with 13 in Seattle. The Seattle centers, run by Senior Services, provided services to over 20,000 participants in 1987. In addition to the valuable socializing opportunities, the centers provide counseling, health assessments and referrals, congregate meals, educational programs, physical fitness classes, and limited adult care. The clientele of local centers tends to break down along ethnic lines with the programs and sometimes the food being adapted to local tastes.

g) Legal Aid

Legal Aid for seniors is provided by trained volunteers through a program called Senior Rights Assistance which is part of Senior Services. The volunteers offer guidance and/or assistance in the fields of:

Medicare
Supplemental Health/Long-Term Care Insurance
Social Security
Landlord/Tenant Problems
Wills
Burials and Funerals
Small Claims Court
Debt Collection

Assistance at no charge was provided on over 7,000 occasions under the program. The program also includes a speakers bureau that presents talks at senior centers and other central locations.

2. SKDOA Administered Programs

Three of the senior programs are run directly out of the SKDOA: Case Management; Long Term Care Ombudsman; and the Mayor's Office for Senior Citizens. In addition, Chore Services, operated by private non-profit organizations, is administered by the SKDOA.

a) Case Management Program

The SKDOA Case Management Program has a staff of 20 case managers who provide services to frail, older persons living on limited incomes who lack family or other support to live independently. Case managers are trained professionals who visit people in their homes to discuss problems in managing at home. Together, the case manager and client develop a detailed plan for obtaining needed benefits and services. Case managers then follow the plan through to assure that services are received. Services, which case managers coordinate, include: counseling, health services, financial benefits, meals, transportation, chores, legal assistance, and housing.

A specific problem faced in a number of cases is the need for volunteers to establish "representative payeeships" for elderly who cannot manage their own financial affairs. This arrangement, which is authorized by law, allows a surrogate to manage the money for someone who is not able to do so.

b) Long-Term Care Ombudsman Program

The Ombudsman Program helps clients and their families select long-term care facilities, resolve the grievances of people living in residential care facilities, and obtain other needed services. The basic approach is through mediation and negotiation. The Ombudsman Program trains and supports about 20 volunteers who visit the facilities which are primarily nursing homes. By interacting directly with seniors, this program has provided the SKDOA with valuable information on the needs, gaps, and areas for systems advocacy. It has also helped in the planning and coordinating work of the agency. This service was projected to reach 400 people in 1987. In addition, the program advocates for legislation and policies to improve long-term care facilities.

c) The Mayor's Office for Senior Citizens

One indication of the interest in and concern for seniors is found in the very active Mayor's Office for Senior Citizens. While a part of the SKDOA, the Office works directly with various city agencies and public and private groups to provide a wide variety of direct and indirect benefits to the older people of Seattle. The programs are 91% supported by City of Seattle funds. Its functions include providing specific benefits as well as acting as a quick source of information for all seniors.

The programs of the Mayor's office for Senior Citizens listed below are available to seniors 65 and over whose income is below 70% of the median income for the State:

- Utility Credit Program - Provides a discount of about 33% on water, sewer, and garbage bills. If a landlord pays these bills the discount is on the light bill. When the landlord pays all utilities, a rent voucher is substituted for the discount. The Utility Credit Program benefits 17,000 people.

- Free service and appliance replacement parts are available to appliance owners who use the City Light Utility.
- Metro Taxi - A 50% discount is available on taxi fares through the purchase of scrip money.
- Pet license - Provides a 50% discount for a pet license.
- Senior citizens ID card - Enables discounts for seniors from many merchants, restaurants, theaters, ferry rides, and service providers.

The Mayor's Office for Senior Citizens also runs several other programs. Unemployed individuals who are 55 and older can participate in an employment program. The concept is to help the unemployed determine their skills, interests, and the best approach to adopt in job hunting. There are monthly job search workshops that are attended by 30-50 participants. This program is federally funded under the Job Training Partnership Act and locally with City of Seattle general funds. A related program provides part-time employment for low income seniors under the Senior Community Service Employment Program. This program is funded under the Older Americans Act and places seniors in subsidized community service jobs. There are 50 new participants each year.

The Mayor's Office for Senior Citizens also provides information and referral for seniors through advocates and information assistants on the staff. This is an extension of the Senior Services program in this area. Seniors with questions or serious problems are guided to the proper agencies for specific advice and information.

Apart from the emphasis on programs for low income seniors, the Mayor's

Office for Senior Citizens focuses attention on the quality of life for seniors through the sponsorship of various organizations and events. Special programs include:

- Recreational Resources Guide - A guide which identifies local, low cost recreational, educational, and cultural activities for senior citizens.
- Musicians Emeritus - a senior symphony funded and sponsored by an insurance company.
- Encore - a senior citizens craft fair.
- Senior citizen dance - a weekly event.
- Consumer Conference - a one day annual event at which many groups (not including labor) are represented.
- Retirement planning programs - occasional programs for people about to retire and already retired. These free programs have had a turnout of 30-40 people. They cover a broad range of subjects and the speakers do their presentations as a public service. There were two programs in 1987.

The Mayor's Office is also interested in promoting volunteerism. The Office will send the potential volunteer a packet on the various agencies which need volunteers. Volunteers are referred to the United Way which has a system for interviewing and assigning them.

d) Chore Services

Chore Services are not treated in the same manner as most other services for the elderly. They are supported directly by earmarked State and Federal funds given to SKDOA. SKDOA contracts directly with three non-profit organizations to provide the services. The services include heavy duty house work, yard work, and simple home repair. This is a federally mandated element in SKDOA programs and provides benefits for over 2,000 people through paid services and 150 people through volunteer services. A total of 553,000 hours of in-home assistance are provided.

3. Educational Opportunities for Seniors

Many of those interviewed expressed an interest in encouraging seniors to participate in education programs. A Lifetime Learning Center has been established whose volunteer faculty is drawn from retired and working college teachers and professionals in particular fields. The program attracts approximately 300 participants for the 35-40 classes which are offered quarterly. The curriculum is very broad. Classes offered include: French, Spanish, German, Literature, Art, Elections and Political Issues, Anthropology, and Current Events. The Lifetime Learning Center is self-sustaining, supported through tuitions and donations. Additional educational opportunities are available from the community colleges which offer a variety of classes designed for seniors at a minimal cost.

VI. UNMET NEEDS

Having looked at the variety of available programs and services, retiree organizations, and union related activities for senior citizens in Seattle, we complete the picture by identifying some of the unmet needs that still exist and need attention.

A. Long-Term Care

Long-term care was identified by both care providers and senior activists as the most important issue facing seniors. There are many programs available, but they appear to be more a "patchwork of services" than a comprehensive program or a result of a comprehensive policy. This is as much a national problem as a state problem since it has basic policy implications, major financial dimensions, and many overlapping elements. The basic questions which have to be resolved include: how should it be financed; who should develop and administer the program; what should be the specific program objectives and guidelines; and what should be the criteria for eligibility.

Several specific issues were raised about the quality of long term care though the overall impression was a positive one of good facilities with caring staffs. Although there are state standards for various facilities for housing the frail elderly the regulations are treated with laxity and there are inadequate inspections to enforce them. A related problem is the lack of training of some of the staff in these institutions. It was felt that improved staff training programs would lead to better care.

B. Volunteer Network

There is considerable talk in Seattle about the importance of volunteers and volunteering, particularly when it comes to seniors. The Director of the Labor Agency saw the problem with many seniors as a lack of motivation to do things. "We have to keep them motivated and directed...reach out to them." There is also clearly a need by the service providers for additional volunteers. The United Way now estimates 5,000 volunteers support their various projects. The average senior center uses 30-40 volunteers in the course of a week. Many able seniors could serve as volunteers in the senior centers. There appears to be no direct interface between volunteering opportunities and union retiree organizations.

C. Geriatric Oral Health (Senior Dental Care)

"There is a tragic need for dental care among the elderly", according to the head of the Advisory Council of the SKDOA who is himself a dentist. Many seniors suffer from oral health problems which could be prevented with regular attention. "The elderly could maintain their teeth for as long as they live, if their mouths received reasonable care." Unfortunately, the number of dental facilities devoted to care of the elderly is severely limited and too few dentists received training in geriatric dentistry. This training is important because many dentists don't know how to work with seniors. One need (and approach) is for dentists to visit the elderly in the senior centers on a regular basis.

D. Retirement Planning Program

Retirement planning programs were identified by many senior activists as a serious need. There are a lack of programs and those that do exist are narrow in concept. As the labor participant on the SKDOA Advisory Council phrased it, "There is a vast psychological chasm between working and retirement. There is the need for national leadership in this area." The psychological aspects of the problem were amplified by the Director of the Labor Agency who was concerned about the effect of retirement on the mental health of the individual. "The self-image of workers is tied to their occupation and once they are no longer working their self-image may deteriorate." There are some retirement planning programs which deal with financial needs of retirees, but they were felt to be incomplete since they did not deal with the social and psychological problems of the transition. The workers getting ready to retire need a much more complete approach. In addition, the prospective retiree should be given a directory of resources to use including phone numbers of agencies that can provide help in various situations.

VII. SUMMARY AND CONCLUSIONS

Seattle is a good city in which to grow old. It has a strong economic base, a well defined set of senior services, a concerned city government, a general sensitivity to senior issues, and an active group of seniors who are ready to lobby on issues of concern. The atmosphere for seniors is positive, from the excellent subsidized public transportation system to the utility benefits and discount programs in effect. The quality of life appears generally good with various neighborhood senior centers providing a multitude of services and activities for all seniors. The city and other organizations sponsor various events and functions aimed at seniors and indicate an interest in their lifestyle and cultural pursuits. In Seattle the number of organized union retirees appears low in relation to the strength of the labor movement, and few of the 125 local unions have retiree clubs or retirement planning programs. However, there is new leadership in several key organizations and fresh concern about the older workers and retirees.

Organizationally, the Puget Sound Council of Senior Citizens (PSCSC), a broad based group of active and concerned seniors, has demonstrated its political power and effectiveness as an advocacy organization. It is still quite young and has tremendous potential for growth. However, on complex issues such as long-term health care, greater participation on public committees is needed. Also, expert help is needed to formulate policies and develop positions that can be advocated. In general the retirees of the labor movement did not appear to be active on advisory bodies and committees dealing with senior health or other important senior issues.

Since the PSCSC is the retiree organization of the King County Labor Council as well as the strongest grass roots retiree body in the area, it should be given support by organized labor and the United Way to expand its activities.

It could:

- Organize joint programs among various union retiree clubs such as educational activities on health issues.
- Assist locals in organizing retiree clubs. They should all be encouraged to keep lists of retired members.
- Provide more information to seniors through a periodic newsletter, on such issues as health care, educational opportunities, events for seniors and what different organizations are doing. A publication for seniors developed in conjunction with the Labor Agency might prove feasible.
- Facilitate outreach efforts to the many unorganized union retirees in the Seattle area who don't identify with a specific local. They might sponsor entertainment or advertise through public services to get names and addresses of unaffiliated retirees.

At the focal point of much of the labor activity in the city is the King County Labor Council which brings together most of the locals in the area on issues of common concern. The community service arm of this body is the Labor Agency, which is primarily supported by United Way funds. The Labor Agency provides limited information and referral to those in need of all ages, but it does not offer a specific service to retired unionists and workers getting ready to retire. Phone information and printed material is needed on available community services, emergency phone numbers, existing retiree clubs (both union and non-union), union benefit programs, and PSCSC activities. Staff, if expanded, could organize a very effective program and train volunteers to provide assistance.

The Labor Agency has received wide recognition for its Union Retirees Resources Program which provides home repair and other services for the poor elderly. This program not only provides a needed service to the frail elderly, it involves meaningful volunteering and demonstrates the concern of labor for the needs of the community. But more work needs to be done. As one activist put it, "Labor needs its own RSVP program", referring to the federally sponsored Retired Senior Volunteer Program. The major service organizations such as the United Way and Senior Services of Seattle would like to attract more volunteers from the labor movement. However, they need a centralized point to tap into the system. The Labor Agency could be that point since it already receives United Way funding and is an integral part of the King County Labor Council. The Labor Agency with the support of the United Way should use the Union Retirees Resources Program as a model for developing a more extensive volunteering program for union retirees.

Literacy programs provide another good example of where retiree time and efforts can be put to excellent use. The head of the King County Labor Council pointed out that "the school drop-out rate approaches 30%" and endorsed the exploration of labor sponsored efforts to reach the drop-outs. Retirees could be trained through established programs to provide "one on one" assistance to students in high school who lack basic reading or writing skills. There is also a need for these skills among some participants in the work force. It also may be possible to match retirees who can do literacy training with illiterate workers from the same union to facilitate rapport and the learning experience.

Retirement Planning Programs are a much needed activity that initially takes staff time to organize and administer, but later can be run by volunteers. An assessment should first be made of the quality and availability of existing programs in the area. This assessment could be done by the Labor Agency, the PSCSC, or other organization. If a new program is needed, a number of steps should be followed. The first involves the development of the program content and the preparation of the basic materials. One of the local colleges could be approached for assistance in this area. The second step involves publicizing the program, making it available at the workplace to as many groups of organized older workers as possible, and making it available outside of the workplace to groups of retirees. Individual unions could present the program at their own facilities or present the program in conjunction with employers. Another option would be to schedule the program for multi-union groups in a central location such as the Labor Temple of the King County Labor Council.

There is a clear need for much more coordination among union retiree and other senior organizations on social, recreational, cultural, and educational activities. Among the organizations of union retirees there is a lack of coordinated planning for leisure activities and purposeful self-fulfillment programs. Individual retiree clubs can bring only modest resources to focus on various types of social, recreational, and quality of life programs. Retiree and senior groups need to work with other organizations to build a well planned comprehensive recreational program for seniors that supplements the health, transportation, nutrition, and information programs which effectively serve large numbers of seniors in Seattle and King County.

Appendix A

Organizations Contacted

AARP, Northwest Area X
Columbia Senior Center
Gray Panthers of Seattle
Group Health Cooperative of Puget Sound
Human Services Division of King County
King County Labor Council, AFL-CIO
Labor Agency of King County Labor Council, AFL-CIO
Ladies Auxiliary, ILWU
Mayor's Office for Senior Citizens
Northshore Senior Center
Pacific Coast Pensioners Association, ILWU
Puget Sound Council of Senior Citizens
Retirees Club, Sheetmetal Workers Union
Retirees of Lodge 751, IAM
Retired Public Employees of Washington State
Retired Teamsters Club, Local 174
Seattle-King County Division on Aging
Seattle-King County Advisory Council on Aging
Seattle Office of Congressman Mike Lowry
Seattle Office of Senator Brock Adams
Senior Caucus of the Group Health Cooperative of Puget Sound
Senior Communications Network
Senior Services of Seattle/King County
United Way of King County
United Food and Commercial Workers Retiree Club
Union Retirees Resources Program, Labor Agency
Voss Nursing Home
Washington State National Council of Senior Citizens
Washington Fair Share
Washington State Council, AFL-CIO

Appendix B

Selected Reference Materials

1. Seattle-King County Division on Aging

    "1984-87 Area Plan on Aging", 1983
    "1987 Update - Area Plan on Aging", 1986
    Long Term Ombudsman Program, "Choosing a Nursing Home"

2. Puget Sound Council of Senior Citizens

    "Constitution"
    "Senior News", 1987

3. Group Health Cooperative of Puget Sound

    "We Knew We Could Do It", 1983
    "Senior Caucus News", Spring 1987

4. United Way

    "Service to Older Adults", 1987

5. Labor Agency

    "Labor Agency, A Partnership", (No date)
    "Your Quarter's Worth", Quarterly Newsletter, March 1987 and June 1987.

6. Department of Human Resources, City of Seattle

    "Human Resources"
    "Recreational Resources Guide", 1985

7. Office of the King County Prosecutor

    "Community Resource Guide", 1985

8. Seattle Department of Parks and Recreation

    "Senior Adult Programs, Spring '86"

9. Senior Services of Seattle/King County

"Access: A Guide to Resources", 1987
"1987 Annual Report"
"Resources in our Community"

10. Institute for Puget Sound Needs

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Academy for Educational Development
National Institute For Work and Learning
1255 23rd Street, N.W., Washington, D.C. 20037
Telephone: (202) 862-8845
Telefax: (202) 862-1947